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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017098 (0)

FILED Jan 20 1998 8:00am Secretary of State

CURT GEER SALES, INC. Principal Place of Business Mailing Address 1865 DOLPHIN BOULEVARD SOUTH 1865 DOLPHIN BOULEVARD SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 59-3375070 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζιp Country Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLFE, LARRY 200 - A JOHN KNOX ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303-6643 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed hance of registered agent and title if applicable (NO1E: Fingistered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition NAME GEER, CURTIS V 1.2 NAME 1865 DOLPHIN BOULEVARD SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33707 City-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-S1-ZIP TITLE DELETE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-7IP 4.4 CI1Y - ST - ZIP DELETE Change Addition TITLE 5.1 THE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 1111.6 NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-S1-ZIP

14. Thoreby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with pin add/grammar.

SIGNATURE:

813)345-5666