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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

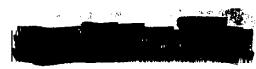
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051396 (5)

May 17, 1999 8:00 am Secretary of State

05-17-1999 90064 041 ***150.00



W. B. PRINGLE, III, ESQUIRE, P.A. Principal Place of Business Mailing Address 7380 SAND LAKE ROAD 7380 SAND LAKE ROAD SUITE 356 SUITE 380 CRLANDO FL 32819 DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 3. Date Incorporated or Qualified 06/14/1996 Applied For 90 North Orange Ave North Orange Not Applicable 59-3384538 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRINGLE, W B III 2411 BAESEL VIEW Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32835 83 84 City Zio Coae 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE D ☐ DELETE 1.1 TITLE Addition MAME PRINGLE, W B III 1.2 NAME 2411 BAESEL VIEW STREET - DORESS 1.3 STREET ADDRESS CITY-53 ORLANDO FL 32835 1 4 CITY - ST - ZIP DELETE Change TITLE 2 1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET -DORESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET 40DRESS 5.3 STREET ADDRESS CITY-31-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not or indicated on this annual report or supplemental annual officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an arr

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same, legal effect as if made under oath; that I am an eccute this report as required by Chapter 607 Florida Statyles; and that my name appears in