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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



LLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055071

INFLOW MANAGEMENT GROUP, INC.

9250 CYPRESS GREEN DRIVE STE 102 9250 CYPRESS GREEN DRIVE STE 102 JACKSONVILLE FL 32256-7798 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo Added to Fees 23 28 Trust Fund Contribution Zip Country Country This corporation has liability for intangible tax under s. 199.032 Florida Statutes X Yes \(\) No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HALL, DEBRA C 9250 CYPRESS GREEN DRIVE STE 102 82 Street Address (P.O. Box Number is Not Acceptable) JACKSÖNVILLE FL 32256 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 Horida. 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 requitered agent and title if applicable (NOTE Hir gistored Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 Addition DILLE Change TITLE 1.1 TOTAL HALL, DEBRA C NAME 1.2 NAME 9250 CYPRESS GREEN DRIVE STE 102 STREET ADDRESS 1.3 \$TREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CHY+ST+70P DELETE ☐ Change Addition TITLE 2.1 Till i E HALL, RONALD K NAME 2.2 NAME 9250 CYPRESS GREEN DRIVE STE 102 STREET ADDRESS 2.3 \$1RFF1 ADDRESS JACKSONVILLE FL 32256 CITY - ST - ZIP 2.4 CITY - \$1 - ZIP DELETE TITLE 3.1 THE ☐ Change Addition 3.2 NAML STREET ADDRESS 3.3 STREET ACCRESS CITY - ST - ZIP 3.4 CITY-ST-7/P DELETE Change Addition TITLE 4.1 DHLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ACCRESS CITY - \$T - ZIP 4.4 CHY-ST-78 🔲 DLÜFTE Change Addition TITLE 5.1 1/1UF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ACCORESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETE Addition ___ Change

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.1 THUE

6.2 NAME

G.3 STREET ADDRESS

6.4 CITY-ST-7IP

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name