FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056064 (4)

CALDWELL LAW FIRM, P.A.

Principal Place of Business Mailing Address CALDWELL LAW FIRM, P.A. CALDWELL LAW FIRM, P.A. 4415 METRO PKWY STE 110 4415 METRO PKWY STE 110 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33916 FT. MYERS FL 33916 3. Date Incorporated or Qualified 07/02/1996 2. Principal Place of Business 2a. Mailing Address 65-0692055 Applied For 21 26 APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Country Country 8. This corporation owes or has pald the current year Intangible 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

CALDWELL, PAUL R 700 L'AMBIANCE CIRCLE #102 NAPLES FL 34108

82 83 Zip Code 3410 Z 84 85 Naples

FILED

Jan 16 1998 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corp ation submits this statement for the purpose of changing its registere 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.

81 Name

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Address TITLE DELETE 1.1 TITLE Addition CALDWELL, PAUL R 1.2 NAME 2121 Crayton Road 700 L'AMBIANCE CIRCLE #102 STREET ADDRESS 1,3 STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2,3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with appeddress.

SIGNATURE:

1.06.98