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

Mailing Address

2322 MERRILY CIRCLE

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2322 MERRILY CIRCLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

MANAGE

1000

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P96000061219 (7)

ROY MCNEELY & ASSOCIATES, INC.

SEFFNER FL 33584 SEFFNER FL 33584 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1996 2a. Mailing Address 2. Principal Place of Business 4 FFI Number Applied For 59-3413068 Not Applicable 26 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 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCNEELY, ROY L 81 Name 2322 MERRILY CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SEFFNER FL 33584 63 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 11 TITLE MCNEELY, ROY L 1.2 NAME NAME 2322 MERRILY CIRCLE STREET ADDRESS 1.3 STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELLETE Change Addition 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 41 TITLE NAME 4 2 NAME

14. Thereby certify that the information supplied with this filing 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 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5 3 STREET ADDRESS 5 4 CITY - ST - ZIP

6 3 STREET ADDRESS 6 4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

52 NAME

6.1 THLE

6.2 NAME

DELETE

DELFTE

SIGNATURE: ROY L. MC NEWLY

Boy Fuller 11-1/9

02689-8222

Change

Change

Addition

Addition

FILED

May 07 1998 8:00am

Secretary of State