FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063117

1. Corporation Name
A TO Z FILE CORPORATION

Principal Place of Business	Mailing Address
5001 8th Ave So. #8 GULFPORT, FL. 33707	P.O. BOX 16093 ST. PETE, FL. 33733

2. Principal Place of Business 21 5001 8th Ave So	2a. Mailing Address 26 P.O. BOX 16093
Suite, Apt. #, etc. 22 A-8	Suite, Apt. #, etc. 27
City & State 23 GULFPORT FL	City & State 28 ST. PETE, FL.
Zip / Country 24 33707 / 25 Pinellas	Zip / Country 29 33733 / 30 Pinellas

3. Date Incorporated or Qualified: 7-26-96
3a. Date of Last Report:
4. FEI Number: 59-3397408 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

1

10. Name and Address of New Registered Agent

81 Name: JOHN D. FREITAG III
82 Street Address (P.O. Box Number is Not Acceptable): 1280 36th Ave So
83: 54-D
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33711

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: _____ JUNE 13th 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANHAM, PETER D. 5200 CENTRAL AVE ST. PETERSBURG, FL 33707	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P JOHN DANIEL FREITAG III P.O. BOX 16093 - NA ST. PETERSBURG, FL. 33733	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP SHARON LEE FREITAG P.O. BOX 16093 - NA ST. PETERSBURG, FL. 33733	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002219915 -06/23/97--01099--033 ***165.00	☐ Change ☐ Addition

RAM 6-20-97

CR2E034 (9/96)

14. I do hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5-21-97 (813)865-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #