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Mailing Address

Certif

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90092 034 ***150.00

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REDBIRD GROUP, INC.	I KRAIFRAN ING KAIFA AIFIN BANIF AAKIN AAKIN AAKIN KAARI KAARI INAAL INAAL INAAL INAAL INAAL INAAL INAAL INAAL

1011 NORTH JOHNSON STREET 1011 NORTH JOHNSON STREET PLANT CITY FL 33566-3620 PLANT CITY FL 33566-3620 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/27/1996 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business 65-0693057 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zio Country 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BAILEY, A W III Street Address (P.O. Box Number is Not Acceptable) 1011 NORTH JOHNSON STREET PLANT CITY FL 33566-3620 8.3 85 Zip Code 84 City

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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. ☐ DELETE 1.1 TITLE X Change ☐ Addition TITLE BRADY, MARY SUE 12 NAME 1011 N JOHNSON STREET 1.3 STREET ADDRESS STREET ADDRESS Plant City, FL 33566-3620 PALNT CITY FL 33566 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition X Change DELETE TITLE 2.1 TITLE McCullen, Phil MCCULEN, PHIL 2.2 NAME NAME 1011 N JOHNSON STREET 2.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 Plant City, FL 33566-3620 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE AND THE OF PRINTED HAME OF SIGNING OFFICE OF DIRECTOR

2-110-99 Date 8/3/954-2930 Daytime Phone # CR2E034 (11/98)