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

SIGNATURE:

Mar 19 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000072389 (5) DOCUMENT # PAIR & ASSOCIATES, INC. Principal Place of Business Mailing Address 1074 FORT PICKENS ROAD P.O. BOX 12083 PENSACOLA BEACH FL 32561 PENSACOLA FL 32590 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For # 14 LAKESINE 59-3407004 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PAIR, JOSEPH Z 81 Name Name

Z. PAIR

Street Address (P.O. Box Number is Not Acceptable) PAIR 1074 FORT PICKENS ROAD 82 PENSACOLA BEACH FL 32561 83 akes ide DRIVE 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 a staff the official statutes. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ☐ Addition PAIR, JOSEPH Z 1.2 NAME NAME 1074 FORT PICKENS ROAD 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA BEACH FL 32561 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2111116 PAIR, BART S NAME 2.2 NAME 1014 SO PETERSON STREET ADDRESS 2 3 STREET ADDRESS FT COLLINS CO 80524 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE ☐ Change PAIR, BRIT M 3.2 NAME NAME 1014 SO. PETERSON STREET ADDRESS 3.3 STREET ADDRESS FORT COLLINS CO 80524 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition PARI, MATTHEW NAME 4. 2 NAME P.O. BOX 12083 N/A STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP TITLE DELETE 61 THLE Change Change ☐ Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 ennual 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

3-16-28

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FLORIDA DEPARTMENT OF STATE

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