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 # P96000084090 (5)

ONE-NINE INVESTMENTS, INC.

Principal Place of Business Mailing Address 3302 ALTERNATE 19 N. PALM HARBOR FL 34683 3302 ALTERNATE 19 N. PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/11/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3403986 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution Country Zip Zω Country 8. This corporation owes or has paid the current year Intangible Yes 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 Name WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34890 83

FILED Apr 30 1998 8:00am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

84 City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TETLE 1.1 TITLE Wikle, Paul J. WINKLE, PAUL J NAME 1.2 NAME 3302 ALTERNATE 19 N. 1,3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY-ST-ZIP CITY-ST-2IP DELETE ☐ Addition 2 1 TITLE TITLE STEVENS, SCOTT 22 NAME NAME P.O. BOX 1054 N/A 23 STREET ADDRESS STREET ADDRESS **CRYSTAL BEACH FL 34681** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition | TITLE 3.1 TITLE CARBAUGH, DANNY NAME 3.2 NAME 928 BAYSHORE DRIVE 3.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, on an all achment within address

SIGNATURE:

PAMJ. Wikle