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

FILED PROFIT Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000095357 (5) WDC, INC. Principal Place of Business Mailing Address 501 - 31ST AVENUE NORTH 501 - 31ST AVENUE NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3420396 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes \(\subseteq\) No Personal Property Tax due June 30, 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARR, JOHN D 501 - 31ST AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33704 83 84 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) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE TITLE 1.1 TITLE CARR, JOHN D NAME 1.2 NAME **72E034** 501 - 31ST AVENUE NORTH STREET ADDRESS 1,3 STREET ADDRESS ST. PETERSBURG FL 33704 CITY-ST-ZIP 1.4 CITY - ST-ZIP Addition DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3,4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST-ZIP DELETE ☐ Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 trusted 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 attachmost with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

TITLE

NAME

WHE REQUIRED

DELETE

Change

Addition