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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103836 (8)

RONALD E. SWAINE & ASSOCIATES, P.A.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **600 SOUTH BARRACKS ST. SUITE 220** 600 SOUTH BARRACKS ST. SUITE 220 PENSACOLA FL 32501 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3422969 21 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SWAINE, RONALD E 81 Name 600 SOUTH BARRACKS ST. SUITE 220 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 City 85 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 (NOTE Registered Agent signature vhen reinstating) 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE ☐ Change ☐ Addition SWAINE, RONALD E NAME 1.2 NAME 600 SOUTH BARRACKS ST, SUITE 220 STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32501 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CHY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY ST ZIP 5.4 City-St-ZiP TITLE DELETE ☐ Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 of 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 this expression or the segree 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 thinpied or to the adjustment with an address.

SIGNATURE: THE CHANNET SURVEY 4-24-98 (850)434-451