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

PROFIT LLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN - 5 PM 4: 07 P96000103944 (0) DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA FRANK M. GUPTON. D.D.S., P.A. Mailing Address Principal Place of Business 611 PONTE VEDRA LAKES BLVD APT 4106 611 PONTE VEDRA LAKES BLVD APT 4106 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 4 FEI Number 59)427051 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 2/02 Fee Required AP7. # A P7. 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Country $Z_{\rm ED}$ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes M No 24 30 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** Name ANDERSON, BRUCE R 3500 \$ THIRD STREET 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 83 RA 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 Signature, type dior panto il narve, al requitere diadent and tris il applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition TITLE 1.1 TITLE GUPTON, FRANK M. **GUPTON, FRANK M** 1.2 NAME NAME GII PONTE VEURA LAKES BLUD. APT ZIUZ 611 PONTE VEDRA LAKES BLVD APT 4106 1.3 STREET ADDRESS STREET ADDRESS **PONTE VEDRA BEACH FL 32082** PUNTE VENRA BEACH, FL. 32082 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 1JTLE TITLE NAME 2.2 NAME 000002552**840--**-06/09/98--01066-<u>-00</u>7 STREET ADDRESS 23 STREET ADDRESS 2.4 City - St - ZiP CITY-ST-ZIP ****150.00 PM##150_00ition DELETE 3.1 117LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY- ST-ZIP CITY - ST-ZIP DELETE Change Addition TITLE 4.1 THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1) - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 51 TIRE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DILETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY- S1-ZIP 14. Thereby certify that the information supplied with this filing closs 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 eath; 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. m 6/1/98

904-272-8285