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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000761 (1)

FILED Jan 20 1998 8:00am Secretary of State

DONALD A. ROARK, P.A. Principal Place of Business Mailing Address 201 E. GOVERNMENT ST. 201 E. GOVERNMENT ST. PENSACOLA FL 32501 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROARK, DONALD A 201 E. GOVERNMENT ST. 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City Zip Code of Sections 607.0502 and 607/1503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, or both, in the Staff of Jorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the objgators of Spction 607.0505, Florida Statutes. 11. Pursuant to office or reg stered agen -98 SIGNATURE (NO18: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE ROARK, DONALD A NAME 1.2 NAME 201 E. GOVERNMENT ST. STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32501 1,4 CITY - S1 - ZIP DITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 10 LE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-S1-ZIP CITY-ST-ZIP DELETE TATLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 51 WILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 annual report or supplemental annual report is true and acquirate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, orion an attachment with in address.