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

Jun 09 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000002318 (8) DOCUMENT # GRPP, INC. Principal Place of Business Mailing Address 1101 NORTH LAKE DESTINY DRIVE 1101 NORTH LAKE DESTINY DRIVE SUITE 400 SUITE 400 DO NOT WRITE IN THIS SPACE MAITLAND FL 32751 MAITLAND FL 32751 3. Date incorporated or Qualified 01/09/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #. etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 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 Yes 24 Personal Property Tax due June 30. ☐ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **DELGUIDICE, CHRISTOPHER** 1101 NORTH LAKE DESTINY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** 83 **MAITLAND FL 32751** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 007 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. 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 required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELFTE PRESIDENT Change Addition TITLE **DELGUIDICE, CHRISTOPHER** NAME 1.2 NAMI 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE Sadi Lee Royd SIEZ8 NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS Wink Park, FL 3278 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 31 THUE Addition 3.2 NAME STREET ADDRESS 3.3 STRELT ADDRESS CITY - ST- ZIP 34 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Change TITLE 5.1 HH F Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition 60000255556 NAME 62 NAME -06/11/98--01046--**0**23 STREET ADDRESS 6.3 STREET ADDRESS ***150.00

14. Thereby cortify 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 supplicational 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in