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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003317 (9)

THE KNOWLEDGE CONNECTION, INC.

Principal Place of Business Mailing Address 2315 JIM LEE ROAD 2315 JIM LEE ROAD TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-342341R Not Applicable 26 Sulte, 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 Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MULHOLLAND, JUDITH A 2315 JM LEE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIREC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Mulholland DELETE Change ___ Addition TITLE 1.1 TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE 2.1 TITLE Change Addition TITLE **2.2 NAME** NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE rusu NAME Kaynus 3.2 NAME STREET ADDRESS Lee Rd. 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change Addition 6.1 TITLE TITLE

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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS