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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007249 (0)

I. KIDD & COMPANY, INC.

| Mar 11 1998 8:00am |
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| Secretary of State |
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FILED

| Principal Place of Business | Mailing Address | | T INGUIDAN IND IDNII IDENI ABNII BONII ABNII BONII ABNII BONII ABNII NDNI BUDII BUDII BUDII |
|--|--|-------------------------|---|
| 2033 MAIN STREET SUITE 400 SARASOTA FL 34237 | 2033 MAIN STREET SUITE 400 SARASOTA FL 34237 | | DO NOT WRITE IN THIS SPACE |
| | | | 3. Date Incorporated or Qualified 01/22/1997 |
| 2. Principal Place of Business 21 3759 Beneva Oaks Blud | 26. Mailing Address 26. 3759 Savenas | Oake Ta | 4. FEI Number Applied For Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State Sarasata 7 L | City & State | <u> </u> | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip Country 25 Sarassota | 29 34238 305 | intry Carrosophia | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes XNo |
| | | | 10. Name and Address of New Registered Agent |
| HANKIN, LAWRENCE M 2033 MAIN STREET SUITE 400 SARASOTA FL 34237 | | 81 Name 82 Street Ac | Idress (P.O. Box Number is Not Acceptable) |
| | | 83 | GOOD (10. Box Mained to Not Accordance) |
| CARAGO IA I E 07201 | | 84 City | FL 85 Zip Code |
| | Florida. Such change was authorized | d by the corpor | orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | |

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Eucident Drector. DELETE 1.1 TITLE Change ☐ Addition TITLE Booknon A. Honkin NAME 1.2 NAME Beneva Oaks Blud 1.3 STREET ADDRESS STREET ADDRESS 342,38 CITY-ST-ZIP 1.4 CITY-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 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CiTY+ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 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 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP
14. Thereby 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 receivor 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.

CIONATURE.

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