FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT **FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Jun 30 1998 8:00 am **M**INUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 P97000016715 (9) DOCUMENT # TA CA. INC. Principal Place of Business 1719 W. Oakridge 3355 ADBIAN ROAD 1719 W. Oakridge 3855 ADRIAN ROAD PENSACOLA FL \$2504-7440 PENSAGOLA-FL 32501-7440 ord. 71.32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1997 28. Mailing Address 26/1714 W. OCKRIDGE ROL 2. Principal Place of Business
11 119 09 KR, 106 FEI Number Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Oity & State City & State 6. Election Campaign Financing \$5.00 May Be ORIMUIC Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible U.S 25 Personal Property Tax due June 30. Yes Yes 24 29 , Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 NGUYEN, CA T 3355 ADRIAN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504-7440 83 84 City 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. OWNER SIGNATURE red Agent 12. RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIF DLLETE TITLE 21 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 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition 2000002577942 NAME 62 NAME -07/01/98---01054--0**46** STREET ADDRESS 6.3 STREET ADDRESS ***156。[70]

6.4 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 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.

CITY-ST-ZIP