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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024593 (0)

RUBY & DONOVAN, P.A.

-

Principal Place of Business Mailing Address 2664 AIRPORT ROAD SOUTH 2664 AIRPORT ROAD SOUTH NAPLES FL 34112 NAPLES FL 34112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-074*6775* 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes □ No 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNSON, KIMBERLY LEACH 4501 TAMIAMI TRAIL NORTH Street Address (P.O. Box Number is Not Acceptable) SUITE 300 В3 NAPLES FL 34103 85 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 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 Signature: typed or prieted tiense of registered agest and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1.1 TITLE Addition tres. / V. President William A. Donovan NAME 1.2 NAME 2004 Airport Ro. So STREET ADDRESS 1.3 STREET ADDRESS holes Fr 34112 Decretary Treasurer 34112 CITY-ST-ZIP 1.4 CHTY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME 2444 Airport Ra So. STREET ADDRESS 2.3 STREET ADDRESS E MIIA Napics, CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET 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 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 attachined with an address.

4/24/08

941-174-5518