## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1000 UNIFORM BUSINESSNOF PERFO 00 APR 26 PM 12: 07 Corporation Name SECRETALY OF STATE INTEGRITY EXECUTIVE SEARCH, INC Mailing Address ilincipal Place of Business PALM HARBOR, FLORIDA 34683 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified Applied For 4. FEI Number Principal Place of Business 204 LNGOON DRIVE 2a. Mailing Address 59 - *3434916* Not Applicable 304 LAGOON DRIVE \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required \$5,00 May Be 6. Election Campaign Financing City & State City & State City & SIGNE PALM HARBOR 1-L Country Added to Fees FLORIDA Trust Fund Contribution MM HARBOR 8. This corporation owes the current year Intangible Personal Property Tax. 25 USA 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WILLIAM C. FLEMING Street Address (P.O. Box Number is Not Acceptable) 82 304 LAGOON DRIVE 83 PALM HARBOR, FLORIDA 34683 Zip Code 85 84 City, FL Phove-named corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered ... Pursuant to the provisione of office or registered a agent. I am familiar ared Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition Change Change DELETE PRESIDENT WILLIAM C. FLEMING 1.2 NAME 1.3 STREET ADDRESS 304 LAEOUN DR. PALM HARBOR 1.4 CITY-ST-ZIP ST-ZiP Addition DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 900003238879--6 ··· LACHES S 2. 4 CITY-ST-ZIP. ST-ZIP -05/04/00--01007ace-0075Addition ☐ DELETE 3.1 TITLE \*\*\*\*158.75 \*\*\*\*158.75 3.2 NAME 3.3 STREET ADDRESS \* LADOR'S 3.4. CITY-ST-ZIP Addition Change DELETE 4.1 TITLE 4, 2 NAME 4.3 STREET ADDRESS \_\_: ADUPLE: 4.4 CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS " : LAURES S 5.4 CITY-ST-ZIP Addition ST-ZIP : Change 6.1 TITLE DELETE 6.2 NAME 6.3 STREET ADDRESS \_: AUDRESS 6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the example of the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and acturate another than the same legal effect as if made under oath; that I am an officer or director of the corporation or the required by Chapter 607, Florida Statutes; and that my name appears in Slock 12 or Block 13 if changed

which out

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4/20/00

(121) 476 - 4944 Daytime Phone #