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

Profit Corporation Annual Report

1998

STREET ADDRESS

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



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028326 (1)

GROUPER INVESTMENTS, INC.

Principal Place of Business Mailing Address 4080 EDGEWATER DRIVE 4060 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1997 Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \Box Fee Regulred 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Country 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LATSHAW, REBECCA L 4060 EDGEWATER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 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. **SIGNATURE** Signature, typed or presed name of registered agest and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ___ Addition DELETE 1.1 TITLE TiTI € LATSHAW, REBECCA L NAME 1.2 NAME STREET ADDRESS 4060 EDGEWATER DRIVE 1.3 STREET ADDRESS **ORLANDO FL 32804** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 THLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

64.0/TY-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