TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000041402 (3) DOCUMENT # **ECOR PACIFIC INDUSTRIES CORPORATIONS** Principal Place of Business Mailing Address P.O. BOX 536 P.O. BOX 536 **GAINESVILLE FL 32002 GAINESVILLE FL 32802** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 □ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORLEY, ERIC 1024 SOUTH MAIN STREET 82 Street A Not Acceptable GAINESVILLE FL 32601 ivecen 83 on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cooffice or registered agent, or both, in the State of Florida, Such of inger was authorized by the Origon agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Unief Operating Officer TITLE 1.1 TITLE ☐ Change Ric Corley university Ave NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS FL 32402 CITY-ST-ZIP 1.4 CITY-ST-ZIP ocunestille. DELETE Change Addition TITLE 2.1 TITLE ecretary/Treasurer 2.2 NAME BERRIE CORIEY NOW NEAGH AVE NAME STREET ADDRESS 2.3 STREET ADDRESS Archer, Pt 32618 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Vice President Change Addition Edna Morgan Brent NAME 3.2 NAME 3545 Cherbouene Poad STREET ADDRESS 3.3 STREET ADDRESS CfTY-ST-ZIP 3.4 CITY-ST-ZIP Detroit MT 4822 Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

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 comporation 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 charged, or on an attachment with an address.

6.3 STREET ADDRESS

BERRIE K. CORley

Change

Addition