4-27-98 B-5646-C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

FILED PROFIT Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000048885 (2) **DOCUMENT #** LENSCO PARALEGAL SERVICES INC. Principal Place of Business Mailing Address \$500 CYPRESS GARDENS RD 3500 CYPRESS GARDENS RD WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1997 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 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes
No Yes Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YANKE, LEONARD W 3500 CYPRESS GARDENS RD 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33884 63 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 plange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objection of Section 507.0505, Florida Statutes. Leonard W. Yanke (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE NAME YANKE, LEONARD W 1.2 NAME Leonard W. Yanke 59 Misty Meadow Lane Mulberry, Fl. 33860 314 HONEYBEE LN STREET ADDRESS 1.3 STREET ADDRESS POLK CITY FL 33868 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE STUMPF, JAMES B NAME 2.2 NAME STREET ADDRESS 3500 CYPRESS GARDENS RD 2.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ___ DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 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 6.1 TITLE Change Addition TITLE NAME 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 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 changes, or on an attachment with an address. SIGNATURE:

6.3 STREET ADDRESS