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

PROFIT CORPORATION ANNUAL REPORT-

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050713 (1)

DRISCOLL WORLDWIDE CORPORATION

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 29 ARBOR CLUB DR. #211 29 ARBOR CLUB DR. #211 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/06/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For -3449819 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 \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 29 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 DRISCOLL, DANIEL E 29 ARBOR CLUB DR. #211 82 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH FL 32082 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 printed name of registered agent and title. Lappricable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change PresideNT Addition 1.1 TITLE TITLE DANIEL E. BRISCOLL NAME 1.2 NAME 29 ARBOR CLUB DR #211 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE TITLE 2.1 TIFLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ___ Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1011.8 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DFLETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP DELFTE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST - ZIP

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 poor or supplemental arrival 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 entact me it with an address.

ANIEL DRISC.11

1/20/68