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

FILED Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000052486 (2) DOCUMENT # AMERIWARE GROUP, INC. Mailing Address Principal Place of Business 1255 LEE ROAD 1255 LEE ROAD BONFAY FL 32425 BONIFAY FL 32425 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 Principal Place of Business

Skerw Mailing Address Applied For 59-3458299 Sherwood 371 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing sonita. Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible us Yes Yes Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NESBITT, DAVID A Nesbitt David. 1255 LEE ROAD 82 (P.O. Box Number is hot A **BONIFAY FL 32425** 83 Zip Code 32425 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 both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the appointment as registered become obligations of the social A. Despite President (CEO 4-20-98 President/CEO Nesbitt SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. President/CEO Nesbitt, David A. Change DELETE 1.1 TITLE ☐ Addition TITLE NESBITT, DAVID A 1.2 NAME NAME 983 Sherwood Drive DWL 1255 LEE ROAD 13 STREET ADDRESS STREET ADDRESS Bonifay, FL 32425 Executive UP **BONFAY FL 32425** 1.4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE Nesbitt, Sherry L. 983 Sherwood Drive DWL NESBITT, SHERRY L 22 NAME NAME 1255 LEE ROAD 23 STREET ADDRESS STREET ADDRESS BONFAY FL 32425 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

A. No shift President/CEO

850/547-5908

4-20-98

6.4 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 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 charged, or on an attachment with an address.

TITLE

NAME

STREET ADDRESS

SIGNATURE: