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

PROFIT CORPORATION ANNUAL REPORT

1998

No.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Martiness

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059543 (3)

MCCLELLAN & HOWELL ASSOCIATES, INC.

FILED Mar 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 190 SOUTH LOWDER STREET 190 SOUTH LOWDER STREET MACCLENNY FL 32063 MACCLENNY FL 32063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address FEI Number 79*-3461*745 Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Regulred 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HOWELL, JOSEPH L TAMMY MCCLELLAN 1176 VILLAGE GREEN COURT 82 Street Address (P.O. Box Number is Not Acceptable) RT 3 BOX 3324 JACKSONVILLE FL 32234 83 Zip Code 32063 84 City **HILLARD** Pursuant to the arrayisions 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 philosophy accept the philosophy for ching 607,9595. Florida Statutes. SIGNATURE egistered Agent signature required when reinstating) AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition TITLE 1.1 TITLE HOWELL, JOSEPH L NAME 1.2 NAME ğ 1176 VILLAGE GREEN COURT STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32234 CITY-ST-ZIP 1.4 CITY-ST-ZIP PRESIDENT DELETE Addition TITLE 2.1 TITLE MCCLELLAN, DARREL RT 2 BOX 3224 HILLARD FL 32063 MCCLELLAN, DARREL NAME 2.2 NAME ROUTE 2 BOX 3224 STREET ADDRESS 2.3 STREET ADDRESS HILLARD FL 32063 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 changed, or on an attachment with an address.