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

FILED
98 MAY 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060213

1. Corporation Name

Lake Huron Investment Corporation

Principal Place of Business
400 N. Ashley Dr.
Suite 2300
Tampa, FL 33602

Mailing Address
400 N. Ashley Dr.
Suite 2300
Tampa, FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/10/97

4. FEI Number: N/A — Applied For / Not Applicable

5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: ☐ Yes ☐ No

2. Principal Place of Business
21 14401 McCormick Dr.
Suite, Apt. #, etc. 22
City & State 23 Tampa, FL
Zip 24 33626 Country 25

2a. Mailing Address
26 14401 McCormick Dr.
Suite, Apt. #, etc. 27
City & State 28 Tampa, FL
Zip 29 33626 Country 30

9. Name and Address of Current Registered Agent

Corporation Service Corporation
1201 Hays Street
Tallahassee, FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	Gross, Greg
STREET ADDRESS	400 N. Ashley Dr., Ste. 2300
CITY-ST-ZIP	Tampa, FL 33602
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP ☐ Change ☒ Addition
1.2 NAME	Plante, Paul J.
1.3 STREET ADDRESS	14401 McCormick Dr.
1.4 CITY-ST-ZIP	Tampa, FL 33626
2.1 TITLE	VPST ☐ Change ☒ Addition
2.2 NAME	Branca, Michael
2.3 STREET ADDRESS	14401 McCormick Dr.
2.4 CITY-ST-ZIP	Tampa, FL 33626
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	Musto, Michael L.
3.3 STREET ADDRESS	14401 McCormick Dr.
3.4 CITY-ST-ZIP	Tampa, FL 33626
4.1 TITLE	D ☐ Change ☒ Addition
4.2 NAME	Adams, Leigh A.
4.3 STREET ADDRESS	14401 McCormick Dr., Tampa, FL 33626
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	700002548687--2
5.3 STREET ADDRESS	-06/05/98--01049--024
5.4 CITY-ST-ZIP	****558.75 ****558.75
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the corporation named in this report is not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report, including any changes, 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 in compliance with Section 607.0505.

SIGNATURE: Leigh A. Adams 5/26/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/97)