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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000070249 (2) **DOCUMENT #** COMMON SENSE PRODUCTIVITY SYSTEMS. INC. Mailing Address Principal Place of Business 3845-1 KILLEARN CT 3845-1 KILLEARN CT TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 Applied For 2. Principal Place of Business 1174 Suite, Apt. #, etc. Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Name and Address of New Registered Agent CATHY V. STAN DUEY Name / **DUCHEMIN-CLAIRE-A-**3845-1 KILLEARN CT 82 Street Address (F TALLAHASSEE FL 32308 83 84 Q and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ate of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered alignment of Section 607.0505, Florida Statutes. 11. Pursuant to the provision lored Ape OF LICE HS AND LIBECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change TITLE 1.1 TITLE DUCHEMIN, CLAIRE A 1.2 NAME NAME 3845-1 KILLEARN CT 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 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

6.2 NAME

14. Thereby 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 supplicational 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 receipter of fustee empirication of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it changed, or on partifying an arterial address.

63 STREET ADDRESS 64 CITY-ST-ZIP