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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Moriham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000073651 (6)

DAVID DEES P.A.

FILED May 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3300 N PACE BLVD. SUITE 315 3300 N PACE BLVD. SUITE 315 PENSACOLA FL \$2505 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ziρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DEES, DAVID L 3300 N PACE BLVD, SUITE 315 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32505 В3 Zip Code 84 City FI 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 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: typest or printed name of negestered agent and title if applicable (NO3) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME BEES, DAVID L. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITE F 2.1 TO LE NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Addition Change 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 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 TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

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 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 char Vilhan address.

IZE034 (10/97