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PROFIT CORPORATION **ANNUAL REPORT**

1998

September 1

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074902 (2)

PLATINUM BUILDERS, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1625 W. MARION AVE., STE. 7 1625 W. MARION AVE., STE. 7 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For PO BOX 510215 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing Punta Goada 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year intangible 24 USA Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GUNDERSON, MIKO P 1861 PLACIDA RD., STE. 204 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34223 83 84 Zip Code 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, typed or printed namin of registered agent and life it applicable ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CR2E034 (10/97 DELETE Change Addition TITLE 1.1 TITLE POLK, C. MICHAEL III 1.2 NAME NAME STREET ADDRESS P.O. BOX 510215 C/O 1.3 STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33951-0215** 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME GANT, STEVEN D 2.2 NAME P.O. BOX 510215 C/O 2.3 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33951-0215 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition POLK, PAIGE C 3.2 NAME NAME 1435 COLLINGSWOOD BLVD., STE. D 3.3 STREET ADDRESS STREET ADDRESS PT. CHARLOTTE FL 33948 CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 supplier ental 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 trusten empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, our ap attachment with an address

SIGNATURE:

98 (941)639.5251