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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 98 APR | 4 AM | 1:44 DOCUMENT # P97000081031 (1) SECRETARY OF STATE TALLAHASSEE, FLORIDA TSCPR FLORIDA, INC. Principal Place of Business Mailing Address * THE SEMBLER COMPANY % THE SEMBLER COMPANY 5858 CENTRAL AVENUE 5858 CENTRAL AVENUE ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-3470265 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name SEMBLER, GREGORY S % THE SEMBLER COMPANY Street Address (P.O. Box Number is Not Acceptable) 82 000000245 -04/16/98 **5858 CENTRAL AVENUE** 83 ST PETERSBURG FL 33707 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE **XX** Change Addition **SEMBLER, GREGORY S** NAME 1.2 NAME SEMBLER, GREGORY S **5858 CENTRAL AVENUE** STREET ADDRESS 1.3 STREET ADDRESS 5858 CENTRAL AVENUE **\$T PETERSBURG FL 33707** ST. PETERSBURG, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 33707 DELETE TITLE 2.1 1ITLE Change Addition NAME SEMBLER, MELVIN F 2.2 NAME STREET ADDRESS 5858 CENTRAL AVENUE 2.3 STREET ADDRESS ST. PETERSBURG, FL CITY-ST-ZIP 2.4 City-St-ZiP 33707 DELETE TITLE XX Addition 3.1 TITLE Change NAME 3.2 NAME SEMBLER. BRENT W STREET ADDRESS 5858 CENTRAL AVENUE 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33707 DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME SHER, CRAIG H STREET ADDRESS 4.3 STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP 4.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33707 DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - S1 - 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.

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