FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 08 1998 8:00am FLORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000085957 (3) CHRIS CANTRELL CONSULTING INC. Principal Place of Business Mailing Address 1850 PARK AVE 1850 PARK AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/03/1997 4. FEI Number 59 - 347/29/ 2a. Mailing Address Applied For to Country Occuping Inc. Same. Suite, Apt. #, etc Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent and Address of Current Registered Agent CANTRELL, CHRISTOPHER Name 1850 PARK AVE Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 language with and appoint the obligations of Section 607.0505. Florida Statules. Cantrell 133/90 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change ___ Addition TITLE 1.1 TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE

64 CHY-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 changed or on an attachment with an address

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3.4. CITY - ST-2IP

SIGNATURE: Charling, Counterly

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