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

CITY-ST-ZIP

PROFIT Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000095093 (5) DOCUMENT # INFO-SPAN, INC. Principal Place of Business Mailing Address 3325-9 PLYMOUTH STREET 3325-9 PLYMOUTH STREET JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1997 2a. Mailing Address 4. FEL Number Applied For and/19/5V 28 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 П **Trust Fund Contribution** Added to Fees 8. This corporation owes or has paid the current year Intangible uva 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 LANDAU, FRANCINE C Name 1301 RIVERPLACE BLVD., STE, 740 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 63 84 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition WILSON, DONELL NAME 1.2 NAME 3325-9 PLYMOUTH STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 1.4 City - St - ZIP DELLTE TITLE Change ☐ Addition 2.1 TITLE WILSON, DAVID NAME 2.2 NAME 3325-9 PLYMOUTH STREET STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP TITLE DELETE Change 5.1 TITLE ■ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 changed or on an attachment with an address.

FILED