May 21, 2001 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 05-21-2001 90406 040 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1. Corporation Name GUMINA, ARMSTRONG & ASSOCIATES, INC. Principal Place of Business Mailing Address 2594 SW MAYACOO WAY 2594 SW MAYACOO WAY DO NOT WRITE IN THIS SPACE PALM CITY FLORIDA PALM CITY FLORIDA 3. Date Incorporated or Qualified 34990 34990 110697 Principal Place of Business 2a. Mailing Address 26 2594 SW MAYACOO WAY FEI Number Applied For 65-0790418 2594 SW MAYACOO WAY Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State Election Campaign Financing PALM CITY PALM CITY FLORIDA FLORIDA Trust Fund Contribution Added to Fees Country Country Zip This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes No 24 34990 25 USA 34990 30 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICHARD V. GUMINA Street Address (P.O. Box Number is Not Acceptable) 2594 SW MAYACOO WAY PALM - CITY, FLORIDA 34990 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE PRESIDENT 1.1 TITLE PRESIDENT X Change Addition Addition DELETE RICHARD V GUMINA RICHARD V GUMINA NAME 1.2 NAME 2594 SW MAYACOO WAY STREET ADDRESS 2594 SW MAYACOO WAY 1.3 STREET ADDRESS PALM CITY FLORIDA 34990 1.4 CITY - ST - ZIP PALM CITY FLORIDA 34990 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$T - ZIP CITY - ST - ZIP TITLE 3 LTITLE Addition - DELETE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

12 or Block 13 if changed or on an attachment with an address.

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

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

Change

Change

Addition

Addition

FILED

SIGNATURE!

my name appears in Block

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

TIT! F

NAME

561-286-0897

CR2E034 (10/97