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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108151

1. Corporation Name
FLORIDA CONTRACT MANAGEMENT INC
dBA OUTDOOR CONCEPTS

Principal Place of Business
Seminole County
LAKE MARY FL.

Mailing Address
P.O. BOX 951266
LAKE MARY FL
32795-1266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 LAKE MARY
Suite, Apt. #, etc.
22
City & State
23 LAKE MARY FL
Zip 24 32795 Country 25 USA

2a. Mailing Address
26 P.O. BOX 951266
Suite, Apt. #, etc.
27
City & State
28 LAKE MARY FL
Zip 29 32795 Country 30 USA

3. Date Incorporated or Qualified

4. FEI Number
59-3482313
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RICHARD GIRARD
106 ASPEN PLACE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name MICHAEL MCLEOD
82 Street Address (P.O. Box Number is Not Acceptable) 335 DEVON PLACE
83
84 City HEATHROW FL 85 Zip Code 32746

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 Michael McLeod / President
Signature, typed or printed name of registered agent and title if applicable / (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	11 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	RICHARD GIRARD		12 NAME	RICHARD GIRARD	
STREET ADDRESS	106 ASPEN PLACE		13 STREET ADDRESS	106 ASPEN PLACE	
CITY-ST-ZIP	LONGWOOD FL 32750		14 CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VICE PRESIDENT	☐ DELETE	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MICHAEL MCLEOD		22 NAME	MICHAEL MCLEOD	
STREET ADDRESS	335 DEVON PL		23 STREET ADDRESS	335 DEVON PL	
CITY-ST-ZIP	HEATHROW FL 32746		24 CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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.

SIGNATURE: Michael McLeod / PRESIDENT 3/17/98 (407) 509-5872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (10/97)