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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108851 (1)

CITADEL GROUP, INC.

Block 12 or Block 13 if changed,

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



770 W. GRANADA BLVD., SUITE 250 770 W. GRANADA BLVD., SUITE 250 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1997 2. Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 85176 Not Applicable 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible $Z_{\rm I}p$ Yes 25 Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GORNTO, L.A. JR. 149-F S. RIDGEWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0502, 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTL: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title 4 approable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE BUTLER, DAVID L NAME 1.2 NAME 770 W. GRANADA BLVD., SUITE 250 1.3 STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32174** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition STD Change TITLE 2.1 TITLE MIMS, DERRICK R NAME 2.2 NAME 770 W. GRANADA BLVD., SUITE 250 STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does indicated on this annual report or supplemental armust report of the corporation of the ceeives infrustee employees. viot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

address