SIGNATURE: SIGNATURE AND TIPED DAR

May 07, 1999 8:00 am Secretary of State PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** 05-07-1999 90159 025 \*\*\*150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000002127 586461 - 90018 - 29 OK DEVELOPERS, INC. Principal Place of Business Mailing Address 13577 FEATHER SOUND DRIVE 13577 FEATHER SOUND DRIVE SUITE 300 SUITE 300 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 33762** CLEARWATER FL 33762 3. Date Incorporated or Qualifed 01/06/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 8. Election Campaign Financing Added to Fees **Trust Fund Contribution** 28 23 8. This corporation owes the current year Intangible Country Zip Country Personal Property Tax. 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FORLIZZO, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 13577 FEATHER SOUND DRIVE SUITE 300 **CLEARWATER FL 33762** 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Vice President ☐ DELETE Chance 1.1 TITLE TITLE CR2E034 1.2 NAME Scott Torrie NAME 2901 Rigsby Lane Safety Harbor, F1 1.3 STREET ADDRESS STREET ADDRES 34695 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Asst. Secretaryy DELETE Change 2.1 TITLE TITLE M. Bridget Tones 2.2 NAME NAME 2901 Rigsby Lane Safety Harbor, F1 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZP Change ☐ Addition DELETE 3.1 TITLE TIBE 12 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZP Change ☐ Addition DELETE 4.1 TITLE DTLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-51-ZP CITY-ST-ZP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 81 TIRE πιε B 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, with all other like empowered.

NITED NAME OF SKINING OFFICER OR DIRECTOR

FILED