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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050919

1. Corporation Name

FARGO AND TENTH CORPORATION

Principal Place of Business	Mailing Address
2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713	2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/08/1998

4. FEI Number
59-3517346
Applied For
Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] Country [30]

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HINES, J B
9800 FOURTH STREET NORTH SUITE 403
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81	Name Clark H. Scherer, III
82	Street Address (P.O. Box Number is Not Acceptable) 2152 14th Circle North
83	
84	City St. Petersburg FL 85 Zip Code 33713

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]_   DATE 1·4·99
Signature, Typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHERER, CLARK H III		1.2 NAME	
STREET ADDRESS	2152 14TH CIRCLE NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SERTICH, LARRY		2.2 NAME	
STREET ADDRESS	2854 JOHNSON FERRY ROAD SUITE 150		2.3 STREET ADDRESS	131 Roswell Street, Suite B-1
CITY-ST-ZIP	MARIETTA GA 30062		2.4 CITY-ST-ZIP	Alpharetta, GA 30004
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	AGUIRRE, FRED C		3.2 NAME	
STREET ADDRESS	2854 JOHNSON FERRY ROAD SUITE 150		3.3 STREET ADDRESS	131 Roswell Street, Suite B-1
CITY-ST-ZIP	MARIETTA GA 30062		3.4 CITY-ST-ZIP	Alpharetta, GA 30004
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _[signature]_ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1·4·99   Daytime Phone # 813·822·1235