CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FILED Mar 14, 1999 8:00 am PROFIT FEORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris ANNUAL REPORT 03-14-1999 90024 048 ***150.00 Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000067731, COMMAND TECHNOLOGY, INC. Malling Address Principal Place of Business 6271 DUPONT STATION CT. E. 6271 OUPONT STATION CT. E. JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/30/1998 2a, Mailing Address 4. FEI Number Applied For 2. Principal Place of Business P. O. Box 59-3544165 Not Applicable 26 21 Suite. Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Jacksonville Trust Fund Contribution 23 Country Zip Zip Country 8. This corporation owes the current year Intangible 32203 USA Personal Property Tax. ☐ Yes 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WADLEY, CHRISTOPHER R Street Address (P.O. Box Number is Not Acceptable) . 11737 WATTLE TREE RD. N. JACKSONVILLE FL 32246 83 Zip Code 84 City 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 Signeture, typed or printed name of registered agent and title if applicable custored Agent signature requ CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ☐ Change TILE Christopher R. Wadley 11737 Wattle Tree Rd. N. 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Vacksonville FL Addition Change DELETE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-SY-ZIP Change Addition DELETE 31 TITLE me 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 1A.CTY-ST-ZP CITY-ST-ZE Change ... Addition DELETE 41TIILE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 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.

5.4 CITY-ST-710

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Addition

Change