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Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90030 037 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000099044

1. Corporation Name

~~ANKERBERG & ASSOCIATES, INC.~~  
ANKERBERG ENTERPRISES, INC.

Principal Place of Business  
5190 44TH ST. SO.  
ST. PETERSBURG FL 33711

Mailing Address  
5190 44TH ST. SO.  
ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1998

4. FEI Number

☒ 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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANKERBERG, CHARLES W SR.

~~5190 44TH ST. SO.~~

~~ST. PETERSBURG FL 33711~~

4114 NARVAEZ WAY S.  
ST. PETERSBURG, FL  
33712

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ANKERBERG, CHARLES W SR.  
STREET ADDRESS 5190 44TH ST. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE D ☐ DELETE  
NAME ANKERBERG, C. WARREN JR.  
STREET ADDRESS 5190 44TH ST. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME ANKERBERG, CHARLES W. SR.  
1.3 STREET ADDRESS 4114 NARVAEZ WAY S.  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33712

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME ANKERBERG, CHARLES W. JR.  
2.3 STREET ADDRESS 4114 NARVAEZ WAY S.  
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33712

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Charles W. Ankerberg Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/99 727-866-9312

CR2E034 (11/98)