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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DOCUMENT # P98000100397 1. Corporation Name BAGPIPER INVESTMENTS_INC. Mailing Address Principal Place of Business

C/O GULF TAX INC./BRIAN LIGHT 6860 GULFPORT BLVD STE 900

C/O GULF TAX INC./BRIAN LIGHT 6860 GULFPORT BLVD STE 900

ST PETERSBURG FL 33707-2108		ST PETERSBURG FL 33707-2108					DO NOT WRITE IN THIS SPACE			
			MORT	冒		1 -	Date Incorporated or Qualifed			
				<u> </u>	<u> </u>		1/30/1998			
2. Principal Place of Business		2a. Mailing Address				4.	FEI Number		Applied For	
21		26				36 - 4261121 Not Applicable			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	5. Certificate of Status Desired See Required			
City & State		City & State				- 1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip	30	intry		- 1	This corporation owes the current year In Personal Property Tax.	ntangible	No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
C/O BRIAN LIGHT				82	82 Street Address (P.O. Box Number is Not Acceptable)					
6860 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108				83						

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.

City

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. ☐ Change Addition ल्द ☐ DFLETE 11 TITLE TITLE 1,2 NAME BENKER, HARTMUT NAME 6860 GULFPORT BLVD STE 900 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33707-2108 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE BRIAN LIGHT 22 NAME 6860 GULFORN BLUD # 0100 NAME 2.3 STREET ADDRESS STREET ADDRESS ST PATRISOURG FL. 33707-2108 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE [] Change Addition 4.1 TITLE ше 4 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZJP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

NATERRADINE TOWN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

381.**71

CR2E034 (11/98)

Zip Code