FILED Apr 25, 2003 8:00 am Secretary of State

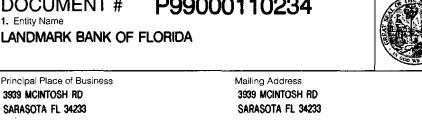
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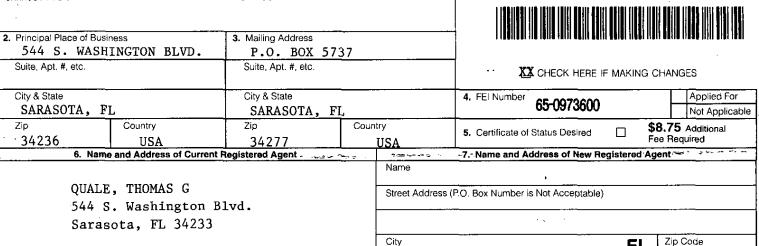
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000110234

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

the obligations of registered agent.-

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

 \Box

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XX Addition TITLE □ Delete TITLE THOMAS G QUALE NAME DABNEY, THOMAS G NAME 3939 MCINTOSH ROAD STREET ADDRESS STREET ADDRESS 4600 CAMINO REAL SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34321 ☐ Change XX Addition TITLE ☐ Delete TITLE NAME ANNETTEE AYERS NAME PEIFER, CHRIS A STREET ADDRESS STREET ADDRESS 540 N. CASEY KEY ROAD 16308 VILLAREAL DE AVILA CITY-ST-ZIP CITY-ST-ZIP OSPREY, FL 34229 **TAMPA FL 33613** TITLE. سودوس بدوندست. . (NAME NAME PENNINGTON, GERALD L KATHLEEN TOALE STREET ADDRESS STREET ADDRESS 285 SUGAR MILL DR 2918 AVENUE EAST CITY-ST-ZIP CITY-ST-ZIP OSPREY FL 34229 HOLMES BEACH, FL 34217 TITLE ☐ Change Addition TITLE ☐ Delete NAME STEELE, JOHN M STREET ADDRESS STREET ADDRESS 1828 ROLAND ST CITY-ST-ZIP CITY-ST-ZIP Sarasota fl ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME SUPLEE, T. RAYMOND STREET ADDRESS STREET ADDRESS 1741 SEMINOLE DR CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WILLIS, ISAAC NAME STREET ADDRESS 1141 REGENCY RD NW STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30327 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE RES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMAS QUALE 4/1/03 941-954-5100

CR2E034 (10/02)