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

SIGNATURE

Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # \$13261** (0)THE EVERIDGE GROUP, INC. Principal Place of Business Mailing Address 801 E WASHINGTON ST ORLANDO FL 32801 901 E WASHINGTON ST ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1990 4. FEI Number 2. Principal Place of Business Applied For 1477 WEST FAIRE 59-3034507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired BVINE 100 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible
Personal Property Tay due June 30
Yes
No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name EVERIDGE, BENJAMIN J 901 E WASHINGTON ST ORLANDO FL 32801 SUITE 100 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 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELFTE 1.1 TITLE Change EVERIDGE, BENJAMIN J NAME 1.2 NAME 1477 WEST PANZARING AVENUE, #100 901 E WASHINGTON ST 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 14. I horeby certify that the indicated on this armus emation supplied with this filing os not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

oport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED