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

PROFIT FLORIDA DEPARTMENT OF STATE **FILED** CORPORATION Sandra B. Mortham Jan 22 1998 8:00 am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (0)DOCUMENT # S14798 LOCKMAN OF PINELLAS COUNTY, INC. Principal Place of Business Mailing Address 6236 PARK BLVD. 6236 PARK BLVD. PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3024512 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HENSLEY, CLAUDE 81 Name 7315 62ND WAY Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34665 83 84 City 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 ponted name of registered agent and little if applicable (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ___ Addition DELETE 1.1 TITLE TITLE HENSLEY, CLAUDE NAME 1.2 NAME 7315 62ND WAY 1.3 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP SHENSLEY COFFMAN, PAMELLA □ DELETE 2.1 TITLE Change Addition TITLE HENSLEY, PAMELIA NAME 2.2 NAME 7315 62ND WAY STREET ADDRESS 2.3 STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE **5.1 TITLE** 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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

1-12.60

Block 12 or Block 13 if changed, or on an attachment with an address