FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S32794 (7)DANNY L. MATTINGLY, INC. Principal Place of Business Mailing Address 1411 S. GROVE AVE 1411 S. GROVE AVE FORT MYERS FL 33919 FORT MYERS FL 33919 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/20/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3053746 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 5. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country . ip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 Yes 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MATTINGLY, DANNY L. 1411 S. GROVE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33919 83 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 lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DFLETE Change Addition 1.1 TOLE NAME MATTINGLY, DANNY L. 1.2 NAME STREET ADDRESS 1411 SOUTH GROVE AVENUE 1.3 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELLIE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET AUDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change \_\_\_ Addition NAME 3.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-57-ZIP DELLIE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DTLE DELLIE Change Addition STITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-57-ZIP 5.4 CITY-SY-ZIP TITLE DELETE Addition 6.1 TITLE Change NAME H.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZP

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under eath; 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.

SIGNATURE: