

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

FILED
Jun 12 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # S59128 (6)
1. Corporation Name

MALATINO & ASSOCIATES, INC.

| | |
|---|---|
| Principal Place of Business P.O. BOX 6630 LAKELAND, FL 33807-6630 | Mailing Address P.O. BOX 6630 LAKELAND, FL. 33807-6630 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|---|
| 2. Principal Place of Business 21 4415 FL NAT'L DR. Suite, Apt. #, etc. 22 101 City & State 23 LAKELAND, FL Zip 24 33813 | 2a. Mailing Address 26 P.O. BOX 6630 Suite, Apt. #, etc. 27 City & State 28 LAKELAND, FL Zip 29 33807-6630 Country 25 USA 30 USA | 3. Date Incorporated or Qualified 6/12/91 4. FEI Number 59-3068917 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALATINO, PHYLLIS H.
1238 VALLEY HILL DRIVE
LAKELAND, FL 33813

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 Phyllis H. Malatino PHYLLIS H. MALATINO 5/11/98
Signature, typed, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D/P/T <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALATINO, ANTHONY M. | 1.2 NAME | |
| STREET ADDRESS | 1238 VALLEY HILL DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND, FL | 1.4 CITY-ST-ZIP | |
| TITLE | V/P/S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MALATINO, PHYLLIS H. | 2.2 NAME | 1238 Valley Hill Drive |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Lakeland, Florida 33813 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | V/P/FL ENGR # 10501 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WATKINS, RUSSELL | 3.2 NAME | 520 Chatham Drive |
| STREET ADDRESS | P.O. BOX 6630 | 3.3 STREET ADDRESS | Lakeland, Florida 33803 |
| CITY-ST-ZIP | LAKELAND, FL 33807-6630 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 600002558686 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -06/12/98--01083--022 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***558.75 |

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.

CR2E034 (10/97)