FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (1)**DOCUMENT #** B.J. ESCUE & ASSOCIATES, INC. Principal Piace of Business Mailing Address 2 BANYAN RD 2 BANYAN RD STUART FL 34996 STUART FL 34996 3. Date incorporated or Qualified 3a. Date of Last Report 09/01/1991 03/23/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-3134578 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zici Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes ☐ Yes 💹 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ESCUE, B. J. Street Address (P.O. Box Number is Not Acceptable) 82 2 BANYAN RD STUART FL 34996 83 City 84 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 bound of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signal to typed or printed have of required to a final control appearable No of Elife Instrumed Appear signature in 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THILE 1 1 Hite Change Addition ESCUE, B. J. NAME 1.2 NAME 2 BANYAN RD STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY - ST - ZIP 1.4 CITY - SE - ZiP TITLE DELETE 2.13006 ☐ Addition Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2 4 CITY - ST - ZIF DELF16 TITLE 3 1 1/1/1 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C:TY - ST - Z:P 3.4 City ST ZIP TITLE DELETE Change 4 1 THILE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TIFLE DELETE 5 1 TITUE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DECETE TITLE 6 : HILE Change Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 path; that I am an officer or director of the corporation or the receiver or trusted 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 on an attachment with an address.

6.3 STREFT ADDRESS

6.4.C.TY+S1+ZiP

SIGNATURE: 6

STREET ADDRESS

CHTY - ST - ZIP

B. J. ESCUE

4-23-96

407-284-5376

CR2E034 (12/95)