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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S84297** (8)

1. Corporation Name
COLSON MANAGEMENT & INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~415 E 6TH AVE~~ WINDERMERE FL 34786	~~415 E 6TH AVE~~ WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1991

2. Principal Place of Business	2a. Mailing Address
21 2106 Willow Lauren LN	26 2106 Willow Lauren LN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Windermere FL ~~34786~~	City & State 28 Windermere FL
Zip 24 34786 Country 25 USA	Zip 29 34786 Country 30 USA

4. FEI Number: 59-3088306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMIESON, MARY COLONA ~~415 E 6TH AVENUE~~ 2106 Willow Lauren LN WINDERMERE FL 34786	81 Name: Barry Jamieson 82 Street Address (P.O. Box Number is Not Acceptable): 2106 Willow Lauren LN. 83 84 City: Windermere FL 85 Zip Code: 34786

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: Barry Jamieson 3-26-98
(Type or print 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	VP	☐ DELETE	1.1 TITLE	P, VP, T	☒ Change ☐ Addition
NAME	BARRY, JAMIESON		1.2 NAME	Barry Jamieson	
STREET ADDRESS	~~415 E 6TH AVENUE~~ 2106 Willow Lauren LN		1.3 STREET ADDRESS	2106 Willow Lauren LN.	
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP	Windermere FL 34786	
TITLE	PST	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	JAMIESON, MARY C		2.2 NAME	Mary Jamieson	
STREET ADDRESS	~~415 E 6TH AVE~~ 2106 Willow Lauren LN		2.3 STREET ADDRESS	2106 Willow Lauren LN.	
CITY-ST-ZIP	WINDERMERE FL		2.4 CITY-ST-ZIP	Windermere FL 34786	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Mary Jamieson MARY JAMIESON 3-10-98 407-876-1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0486471