FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)PRICE PLACE THE COMPANY Principal Place of Business Mailing Address P.O. BOX 312 P.O. BOX 312 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1991 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3111489 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 26 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name PRICE, WARREN E. 764 QUEENS HARBOUR BLVD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32225 83 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 title if applicable (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD Change Addition DELETÉ 1.1 TITLE TITLE PRICE, WARREN E. 1.2 NAME NAME 764 QUEENS HARBOUR BLVD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VID DELETE Change Addition TITLE 2.1 TITLE PRICE, SCOTT W 2.2 NAME **3705 MISTY VALLEY CT** STREET ADDRESS 2.3 STREET ADDRESS **ABINGDON MD** 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS**

CITY-ST-ZIP 6.4 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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Wanned & Fran

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition

CR2E034 (10/97