FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT⁴ Mar 10 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthaff ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # SUSAN MCCASKILL LITTLE, P.A. Principal Place of Business Mailing Address 2000 E. EDGEWOOD DR. 2000 E: EDGEWOOD DR. SUITE-118 -GUITE 118 -LAKELAND FL-33803 -DO NOT WRITE IN THIS SPACE LAKELAND FL-93809 3. Date Incorporated or Qualified 01/15/1992 2. Principal Place of Business 2a. Mailing Address 26 42 MWW.BIRLY Applied For 742 MULBERKE Mi 21 59-3101981 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be CLIEBRATION ELEVSPATION 28 Trust Fund Contribution Added to Fees Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LITTLE, SUSAN MCCASKIL MECASKILL LITTLE -2000 E. EDGEWOOD DR - 742 MULBERRY AVE odress (P.O. Box Number is Not Acceptable) 2. WULBERRY KIE CELEBRATION, FL LAKELAND FL 83803 34747 84 CELEBRATION 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 January with, and account the obligations of Section 907,0505. Florida Statutes. LITTLE PRES Susan mecaskilli (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE zew address. Change Addition LITTLE, SUSAN MCCASKILL NAME 12 NULBERRY AVE. 2000 E. EDGEWOOD DR. SUITE 118 -STREET ADDRESS 1.3 STREET ADDRESS CELEBRATION, FL. 24747 LAKELAND Ft. 33803 CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 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 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 DELETE TITLE Change ... Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE ■ Addition NAME 6.2 NAME

officer or director of the Block 12 or Block 13 SIGNATURE

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 positive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

STREET ADDRESS

401-566-8993