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

May 12 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 # SUI GENERIS, INC. Principal Place of Business Mailing Address 4115 KINGSBERRY DR. P.O. BOX 13461 NA PENSACOLA FL 32504 PENSACOLA FL 32591-3461 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3097664 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the currept year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, GREGORY D. 81 Name 201 S. BAYLEN ST. Street Address (P.O. Box Number is Not Acceptable) SUITE B PENSACOLA FL 32501 Suite City Zio 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 registored 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 printed name of registered agent and title if applicable gistered Agent algosture required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CR2E034 (10/97 DELETE Change Addition 11 TITLE TITLE LEWIS, CLAYTON H. NAME 1.2 NAME 4115 KINGSBERRY DR. STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE LEWIS, DAVID H. NAME 2.2 NAME 4115 KINGSBERRY DR. STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 2. 4 CITY-ST-ZIP City-St-ZIP DELETE Change Addition TITLE 3.1 TIFLE BLACKMON, SARAH ANNE NAME 3.2 NAME 1911 N. 18TH AVE. STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 or an attachment with an oddress.

CITY - ST - ZIP

SIGNATURE:

FILED

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