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

CITY-ST-ZIP

May 21 1998 8:00am PROFIT . ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham, Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **VILLAGE OFFICE CORPORATION** Principal Place of Business Mailing Address 600 BYPASS DRIVE 600 BYPASS ORIVE SUITE 215 **SHITE 215** CLEARWATER FL 34624 DO NOT WRITE IN THIS SPACE CLEARWATER FL 34624 3. Date Incorporated or Qualified 02/03/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3109411 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ARNOLD, FRED 600 BYPASS DR. #215 Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34624** 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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 Horida. 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, typical or probled name of registers of agent as distribilit applicable (NOTE: Registered Agent signature required when reinstating) R2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE Change Addition TITLE 1 1 INILE ARNOLD, FRED 1.2 NAME NAME 600 BYPASS DRIVE, SUITE 215 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP Change DELETE Addition 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELE TE [] Change Addition TIT) F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the convertion or the receiver or trusted expowered to expect this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if this gight ged, or on an attachment with an Address.

FILED