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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED May 01, 1999 8:00 am Secretary of State** 05-01-1999 90028 006 ***150.00

0411968

DOCUMENT # V19074

1. Corporation Name

PROVEN EDGE, INC.

Principal Place of Business	Mailing Address
9501 INTERNATIONAL COURT ST. PETERSBURG FL 33716 US	9501 INTERNATIONAL COURT ST. PETERSBURG FL 33716 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/05/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7201 - BRYAN DAIRY Rd	26 7201 - BRYAN DAIRY Rd	59-3112095	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 LARGO FL	City & State 28 LARGO FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33777	Country 25 USA	Zip 29 33777	Country 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. ☑Yes ☐No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STORY, RICHARD 9501 INTERNATIONAL COURT ST. PETERSBURG FL 33716	81 Name STORY, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 7201 BRYAN DAIRY RD 83 84 City LARGO FL 85 Zip Code 33777

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/26/99

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	FLYNN, KEVIN		1.2 NAME		
STREET ADDRESS	676 N. MICHIGAN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	STORY, RICHARD		2.2 NAME		
STREET ADDRESS	406 JACKIE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEBURG TN 38464		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	SANTINI, ANTONIO		3.2 NAME		
STREET ADDRESS	341 WEAKLEY CREEK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEBURG TN 38464		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	FLYNN, DONALD		4.2 NAME		
STREET ADDRESS	676 N. MICHIGAN AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	DAVIS, JOE		5.2 NAME		
STREET ADDRESS	124 E. MAIN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD KY 40069		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 (11/98)

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/26/99 Date 727-549-8600 Daytime Phone #