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

STREET ADDRESS

information indicated on this annual report I am an officer or director of the corporation appears in Block 12 of Block 13 if changed.

changed, or on an attach

CITY-ST-ZIP

FILED PROFIT Feb 13 1997 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # V26108 (3)BACON & BACON, P.A. Principal Place of Business Mailing Address 2959 FIRST AVENUE N ST PETERSBURG FL 33713-8605 2959 FIRST AVENUE N ST PETERSBURG FL 33713 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1992 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3115370 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes ☐ Yes ☐ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BACON, DAVID A 2959 FIRST AVENUE N 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33713 83 84 City Zip Code 85 11. Pursy of Sections 607,4502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 and accept the obligations of, Section 607.0505, Florida Statutes. int to the provisio offic or registered agen and ac age am farhiliar with. SIGNATU ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE TITLE 1.1 TOLE Change BACON, DAVID A NAME 1.2 NAME 2959 FIRST AVENUE N STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS in CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE Change Addition 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE Addition 41 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - 7IP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

6.4 CITY - ST- 7IP

14. I do hereby certify that the information supplied with this liking does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the

with an address.

96/6) (6)