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

FILED Jun 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # (3) THE P-Y-K CORPORATION, INC. Principal Place of Business Mailing Address 115 S. 5TH ST. 115 S. 5TH ST. MACCLENNY FL \$2063 MACCLENNY FL 32063 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 04/06/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3115003 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 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 YARBOROUGH, BERNICE K. Name 115 SOUTH FIFTH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MACCLENNY FL 32063 83 84 85 Zip 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 registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printe financial of registered rigoral and fille it oppose able (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ___ Addition Change TITLE 1.1 TITLE KNABB, GEORGE W. NAME 1.2 NAME 115 S. 5TH ST. STREET ADDRESS 1.3 STREET ADDRESS MACCLENNY FL CITY-ST-ZIF 1.4 City - St - ZiP DELETE TITLE Change Addition 2.1 HITE PRITCHETT, M. H. NAME 2.2 NAME 115 S. 5TH ST. STREET ADDRESS 2.3 STREET ADDRESS MACCLENNY FL CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE TITLE 3.1 TITLE Change Addition YARBOROUGH, BERNICE K. NAME 3.2 NAME 115 S. 5TH ST. STREET ADDRESS 3.3 STREET ADDRESS MACCLENNY FL CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE Change TITLE 4.1 TITLE noitibbA NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 5.1 TO UE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CRY- ST- ZIP 14. Thereby 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 amulal 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