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

NAME

STREET ADDRESS

SIGNATURE:

FILED May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)V27550 TADPOLE TERRYS, INC. Principal Place of Business Mailing Address 913 LITHIA PINECROT ROAD 913 LITHIA PINECROT ROAD BRANDON FL 33511 **BRANDON FL 33511** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3122334 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALEY, TERRY A 714 FALLCIRK AVE. 82 VALRICO FL 33594 83 City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Addition TITLE 1.1 TITLE Change SISTRUCK, BETH A. 1.2 NAME 1706 KETCH PLACE STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY+ST-ZIP DELETE ☐ Change 3.1 TITLE Addition TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS **43 STREET ADDRESS** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

Taxay A. Hyly

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 frue 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 attack point with an addyoss.

F13)685-8918