SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 21 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # (3) CENTRAL GENERAL PARTNERS I. INC. Principal Place of Business Mailing Address 201 S. AMELIA AVENUE 201 S. AMELIA AVENUE SUITE 8-3 SUITE B-3 DELAND FL 32724 DO NOT WRITE IN THIS SPACE DELAND FL 32724 3a. Date of Last Report 3. Date Incorporated or Qualified *04/17/1992* 04/09/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3116971 Not Applicable Sulte, Ant. #. etc. Suite, Apl. #, etc. \$8.75 Additional 14 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. **⊕** Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROBERT A. GUIRLINGER 201 S. AMELIA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B-3 63 DELAND FL 32724 84 City Zip Code 85 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 Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE LITZELFELNER, GLENDA V. NAME 1.2 NAME 201 S. AMELIA AVE B-3 1.3 STREET ADDRESS STREET ADDRESS **DELAND FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 THLE TITLE GUIRLINGER, ROBERT A. NAME 2.2 NAME 201 S. AMELIA AVE B-3 STREET ADDRESS 2.3 STREET ADDRESS **DELAND FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 THILE ☐ Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 5.1 DUE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 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 attechment with an address.

STREET ADDRESS CITY-ST-ZIP

(4/97