FILE NOW: FILING FEE AFTER MAY 1ST IS \$55^ 90 FILED FLORIDA DEPARTMEST OF Jun 24 1998 8:00am CORPORATION NUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 141561 Business com Sekvices, INC. Mailing Address 4747x State Pa33 #378 Principal Place of Business SAME LAKELAND, FL 33805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For SAMe Not Applicable 4+47 NSTARRA 33 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be Election Campaign Financing FL LAKE LAND Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year intangible üS *3*3805 ☐ Yes Personal Property Tax due June 30. 30 20 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARK Thompson 4747 N STATEREL 33 #378 LAKELAND, FL. 33805 81 Name Street Address (P.O. Box Number is Not Acceptable) 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 607,0506, Florida Statutes. SIGNATURE DATE id or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstring) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition C. G. O. MARK THOMPSON NULF 4747 N. LAKELAND FILLS BLVD #37B 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS FC 33805-9577 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 DITY-ST-ZIP ☐ DELETE 3.1 TITLE Change ☐ Addition TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-2P 4.4 CITY - ST - ZIP DELETÉ TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 8.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY+ST-ZIP ☐ DELETE TITLE Change Addition 6.1 TITLE SQQQQRS7187 NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is email 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, over an attachment with an address.

- 06/25/98---01001---012

*** 150.00

23

STREET ADDRESS

CITY - ST - ZIP