SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

Sep 01 1998 8:00am MENDED PROFIT FLORIDA DEPARTMENT OF STATE **ORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 51517 MUTUAL REAL ESTATE, INC. Principal Place of Business Mailing Address 2500 3rd Avenue North #5 DO NOT WRITE IN THIS SPACE St. Petersburg, FL 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 2500 3rd Ave. North 2500 3rd Ave. <u> 59 - 3140108</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 #5 City & State City & State 6. Election Campaign Financing \$5.00 May Be Petersburg, FL St. Petersburg, st. Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible 33713 29 33713 USA Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Thomas Calhoun Street Address (P.O. Box Number is Not Acceptable) 2500 3rd Avenue North, #5 83 St. Petersburg, FL 33713 84 City Zip Code 11. Pursuant to the previsions 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 litte it applicable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (2/38)**▼** DELETE TITLE 11 TITLE President President/David Calhoun NAME 1.2 NAME Thomas Calhoun 2500 3rd Avenue North #5 CR2E034 622 Gradview Avenue 1.3 STREET ADDRESS STREET ADDRESS Stentenville, OH 1.4 C(TY+S1-Z)P St. Petersburg, CITY - ST - ZIF XI DELETE 1011 2.1 THLE Change Addition Secretary Secretary NAME 2.2 NAM! Thomas Calhoun 2500 3rd Avenue North #5 Traci Calhoun STREET ADDRESS 2.3 STREET ADDRESS 8304 Sharon Drive NW 33713 St. Petersburg, FL DITY-ST-705 2 4 CITY - ST - ZIP $Canton_{--}OH_{-}$ ☐ DELE1E X Addition THILE 3.1 TITLE Treasurer 3.2 NAME Thomas Calhoun 2500 3rd Avenue North STREET ADDRESS 3.3 STREET ADDRESS St. Petersburg, FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ACCORESS C11Y - \$1 - 70P 4.4 CHTY - ST- ZIP TIFLE ☐ DELETE 5.1 111(1) Addition 8000026318 NAME 5.2 NAME -09/04/98--01014--**02**7 STREET ADDRESS 5.3 STREET ADDRESS ***61.25 CITY: ST 5.4 CI1Y-\$1-7IP DELETE ☐ Change Addition 6111111 met NAMI 62 NAME ያሁ STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filling 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 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 a maddress.

SIGNATURE:

FILED