FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)BUSCHMAN & AHERN, P.A. Principal Place of Business Mailing Address 2215 SOUTH THIRD STREET 2215 SOUTH THIRD STREET SUITE 101 JACKBONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3132849 21 26 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 Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BUSCHMAN, ALBERT E., JR. 2215 SOUTH THIRD STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 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. Thereby accept the appointment as registered agent. I am familiar with and accept the oringativity of Section 607 0505. Florida Statutes.

SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE BUSCHMAN, ALBERT E., JR. NAME 1.2 NAME 2215 S. THIRD ST. #101 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE AHERN, FRED L., JR. NAME 2.2 NAME 2215 S. THIRD ST. #101 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

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 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 ijchenged for open altachment with an address. SIGNATURE

STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CRZE034