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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 JUL 25 AM 9: 04 DOCUMENT # V55880 (1)CHETERY OF STATE . RESOURCE MANAGEMENT GROUP OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2121 LISENBY AVENUE 601-BAY ANN DRIVE PANAMA CITY FL 33594 VALRILOO PL-89504 2078 3. Date Incorporated or Qualified 3a. Date of Last Report 08/06/1992 12/09/1996 26. Mailing Address 26. P.O. Box 2. Principal Place of Business 4. FEI Number Applied For 21 26 59-3137753 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 HUTTO, DAVID **601 GAY ANN DRIVE** 82 PANAMA CITY FL 33594 84 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. 4-23-97 ent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE BASSETT, DOUGLAS 1.2 NAME NAME 14806 WINDING CREEK CT STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HUTTO, DAVID NAME 2.2 NAME 601 GAY ANN DRIVE STREET ADDRESS 2.3 STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NOVOSEL, MARK NAME 3.2 NAME 1757 LANCASTER DRIVE 3.3 STREET ADDRESS STREET ADDRESS Youngstown oh 44511 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITI F 413011 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 51 TITLE ☐ Change ___ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do 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 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 an address. CITY-ST-ZIP

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