

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90002 001 \*\*\*150.00

09-16-1999 90014 025 \*\*\*400.00

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS   |   |
|---|---|---|---|
| <b>DOCUMENT # V69891</b>  |   |   |   |
| 1. Corporation Name<br><b>DILLON RASMUSSEN, INC.</b>  |   |   |   |
| Principal Place of Business<br>P.O. BOX 215<br>CLEARWATER FL 34617  |   | Mailing Address<br>P.O. BOX 215<br>CLEARWATER FL 34617  |   |
| 2. Principal Place of Business<br>21 <b>1206 N. OCEOLA</b>  |   | 2a. Mailing Address<br>26   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| 22 City & State<br>23 <b>CLEARWATER FL</b>  |   | 27 City & State   |   |
| 24 Zip<br>25 <b>33755 PINELLAS</b>  |   | 29 Zip<br>30  |   |
| 9. Name and Address of Current Registered Agent<br><b>ANDERSON, MARLIN<br/>2708 N DUNDEE ST<br/>TAMPA FL 33629</b>  |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |   |
| 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.<br>SIGNATURE <i>George Rasmussen</i> <b>CORP SEC</b> <b>3-15-99</b><br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |   |   |
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>RASMUSSEN, DILLON<br/>P.O. BOX 215 N/A<br/>CLEARWATER FL 34617</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>RASMUSSEN, GEORGE<br/>P.O. BOX 215 N/A<br/>CLEARWATER FL 34617</b> <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 727-585-9131

Date

Daytime Phone #

CR2E034 (1/98)