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

**FILED** Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 F97000004126 (5) DOCUMENT # 4P'S HOLDING CO., INC. Principal Place of Business Mailing Address 111 TURKEY CREEK 111 TURKEY CREEK ALACHUA FL 32615 ALACHUA FL 32615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 38-2654615 Not Applicable 26 Suite. Apt. #. etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name POKRIEFKA, JEROME R 111 TURKEY CREEK Street Address (P.O. Box Number is Not Acceptable) ALACHUA FL 32615 83 City 85 Zip Code B4 11. Pursuant to the provisions of Soctions 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, typod or printed reme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETÉ TITLE 11 TITLE Change Addition POKRIEFKA, JEROME R NAME 1.2 NAME 111 TURKEY CREEK STREET ADDRESS 1.3 STREET ADDRESS ALACHUA FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Channe Addition TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 12 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP DELETE Channe Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

4-14-98 (352)372-6639 SIGNATURE:

5.4 CITY-ST-ZIP

63 STREET ADDRESS 64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. I 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 applemental 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 coperation or the record or trustee exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if oranged or on an affectment with an although

Change

Addition

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME