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PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL RÉPORT Secretary of State 98 JUL -9 AMII: 36 DIVISION OF CORPORATIONS 1**9**98 SECRETARY OF STATE ALLAHASSEE, FLORIDA DOCUMENT #

1. Corporation Name J18052 (7)BOOKER & COMPANY, INC. Principal Place of Business Mailing Address 124 S. MORGAN ST. 124 S. MORGAN ST. TAMPA FL 33602-5338 TAMPA FL 33602-5338 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1986 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 6487 P'tree Ind. Blvd 59-2686157 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite A 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Doraville, Georgia Zip Country 8. This corporation owes or has paid the current year Intangible 30360 USA Personal Property Tax due June 30. Yes Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALMAND, JACK CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 124 S. MORGAN ST. 82 **TAMPA FL 33602** 1200 South Pine Island Road 83 84 City 85 Zip Code 33324 Plantation 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. System Ass t Secretary (NOTE Registered Agent signature required when reinstating) SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 500002586**4**95 TITI F DC DELETE 1.1 TOLE D/P Addition SUTHERLAND, CHARLES M JR NAME 1.2 NAME -07/13/98---01065--010 STREET ADDRESS 7905 TROON CIRCLE 1.3 STREET ADDRESS ****400.00 ****400.00 CITY-ST-ZIP **aù**stell ga 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME POWELL, HUGH R JR 2.2 NAME 6487 PEACHTREE IND. BLVD., SUITE A STREET ADDRESS 2.3 STREET ADDRESS ****150.00 ****150.00 **DORAVILLE GA** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition X X DELETE TITLE 3.1 TITLE ALMAND, JACK David B. Sutherland NAME 3.2 NAME S/REET ADDRESS 124 S.MORGAN ST. 7905 Troon Circle 3.3 STREET ADDRESS TAMPA FL Austell, Georgia 30168 TY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE AS **XX**DELFTE 4.1 TITLE Addition NAME BOWMAN, CARLA P. 4. 2 NAME STREET ADDRESS 124 S. MORGAN STREET 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE X Change Addition TITI F CF0 5.1 TITLE T/AS BRYAN, ALLEN NAME 5.2 NAME STREET ADDRESS 7905 TROON CIRCLE 5.3 STREET ADDRESS CITY - ST- ZIP <u>austell ga</u> 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TILLE ___ Addition NAME **SUTHERLAND, JANICE** 6.2 NAME 7905 TROON CIRCLE 6.3 STREET ADDRESS STREET ADDRESS **AUSTELL GA** CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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