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

PROFIT Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # J90900 (8) J. FREAL INC. Principal Place of Business Mailing Address 22040 SW 164 AVE 22040 SW 164 AVE GOULDS FL 33170-3802 GOULDS FL 33170-3802 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/01/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0007628 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country ZiD 8. This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FREAL, JOSEPH J. III 22040 SW 164 AVE 82 Street Address (P.O. Box Number is Not Acceptable) GOULDS FL 33160 83 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE 1.1 TITLE Change ☐ Addition 71TLE FREAL, JOSEPH J. III 12 NAME NAME 22040 SW 164 AVE 1.3 STREET ADORESS STREET ADORESS **GOULDS FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TILE ☐ Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or or an attact/plug with an address.

SIGNATURE:

FILED