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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jun 11 1998 8:00am Secretary of State

CRZE034 (10/9)

Secretary of State 1998 DIVISION OF CORPORATIONS P94000013542 (3) DOCUMENT # HANGETO PARK ST MIDDLE EARTH PRODUCTS, INC. Principal Place of Busyless Mailing Address 1027 PARK ST 1027 PARK ST JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1994 2. Principal Place of Business 11 1029 PACK 2a. Mailing Address 4. FEI Number Applied For 59-3225838 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent MARRIOTT, WAYNE R 81 Name . 1229 L'ANÉ CIRCLE E. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 11. Pursuant to the provisions of Sociions 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. 5-12-98 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SECTELANY DELETE Change THILE 1.1 TITLE CURTIS P. GREENE HENDRIX, ROBERT NAME 1.2 NAME 2955 PARK ST 4 3112 college st. July son, lle, FL 32205 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY-ST-2IP DELETE TREASURER TITLE 2.1 TITLE Robert C. MORRILL MARRIOTT, WAYNER 2.2 NAME NAME 1229 LANE CIRCLE E 3333 MABRY TEVRACE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL JACKSONVIlle, FL 322 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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14. Thereby 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 frue and accurate and that my signature shall have the same logal 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