FILE NOW: FILING FEE AFTER MAY 1STYS $550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. M[redacted]m
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016513

1. Corporation Name
Sidejobs, Inc

Principal Place of Business: 64 Bud Hollow Dr. Palm Coast, Fl. 32137
Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**2a.** Mailing Address
21 64 Bud Hollow Dr.	26 64 Bud Hollow Dr.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Palm Coast Fl.	City & State 28 Palm Coast, Fl.
Zip 24 32137 Country 25 USA.	Zip 29 32137 Country 30 USA.

3. Date Incorporated or Qualified

4. FEI Number 59-3298667 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

"Same as before"

10. Name and Address of New Registered Agent

81 Name Leonard L. Lynn
82 Street Address (P.O. Box Number is Not Acceptable) 64 Bud Hollow Dr.
83
84 City Palm Coast **FL** 85 Zip Code 32137

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 Leonard L. Lynn President (Same as before)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Leonard L. Lynn	
STREET ADDRESS	64 Bud Hollow Dr.	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	Treasurer - Sec.	☐ DELETE
NAME	Shelly Jo. Lynn	
STREET ADDRESS	64 Bud Hollow Dr	
CITY-ST-ZIP	Palm Coast Fl. 32137	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

800002508538
-05/04/98--01003--023
***150.00

4-30

CR2E034 (10/97)

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 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.

SIGNATURE: Leonard L. Lynn President 4-15-98 1-904 447-0236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #