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

Mar 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3) STEPHEN L. DANIEL, INC. Principal Place of Business Mailing Address P.O. BOX 1972 P.O. BOX 1972 **CLEWISTON FL 33440** CLEWISTON FL 33440 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0353302 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEPHEN, DANIEL L 804 NORTH BERNER RD. Street Address (P.O. Box Number is Not Acceptable) **CLEWISTON FL 33440** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE 1.1 Tilb 8 DANIEL, STEPHEN L. NAME 1.2 NAME 804 N BERNER RD STREET ADDRESS 1.3 STREET ADDRESS CLEWISTON FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Addition Change 2.1 TITLE TITLE DANIEL, DEBORAH NAME 2.2 NAME 804 N BERNER RD STREET ADDRESS 2.3 STREET ADDRESS **CLEWISTON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITEF 3.1 DDF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6 4 CITY-ST-ZIP

14. Thereby confity 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 trustor employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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