| | ncipal Place of Business: | | | | |
|---|---|-------------------------|--|----------------------------|--|
| 112 MT. ZION F | | | | | |
| CRAWFORDVI | LLE, FL 32327 | | | | |
| Current Mai | ling Address: | | | | |
| 112 MT.ZIOI | N RD | | | | |
| CRAWFORD | VILLE, FL 32327 US | | | | |
| | | | | | |
| FEI Number: 59-3748215 Certificat | | | Certificate of Status Des | cate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | | | |
| | | | | | |
| HOLSTON, JEF | | | | | |
| 112 MT. ZION F | RD | | | | |
| 112 MT. ZION F | | | | | |
| 112 MT. ZÍON F CRAWFORDVI | RD | istered office or regis | tered agent, or both, in the State of Flo | rida. | |
| 112 MT. ZION F CRAWFORDVI The above named | RD LLE, FL 32327 US | istered office or regis | tered agent, or both, in the State of Flo | rida. 03/27/2019 | |
| 112 MT. ZION F CRAWFORDVI The above named | RD LLE, FL 32327 US I entity submits this statement for the purpose of changing its reg | istered office or regis | tered agent, or both, in the State of Flo | | |
| 112 MT. ZION F CRAWFORDVI The above named | RD LLE, FL 32327 US Identity submits this statement for the purpose of changing its reg E: JEFFREY S. HOLSTON Electronic Signature of Registered Agent | istered office or regis | tered agent, or both, in the State of Flo | 03/27/2019 | |
| 112 MT. ZION F CRAWFORDVI The above named SIGNATURE | RD LLE, FL 32327 US Identity submits this statement for the purpose of changing its reg E: JEFFREY S. HOLSTON Electronic Signature of Registered Agent | istered office or regis | tered agent, or both, in the State of Flo | 03/27/2019 | |
| 112 MT. ZION F CRAWFORDVII The above named SIGNATURE Officer/Dire | RD LLE, FL 32327 US d entity submits this statement for the purpose of changing its reg : JEFFREY S. HOLSTON Electronic Signature of Registered Agent ctor Detail : | | | 03/27/2019 | |
| 112 MT. ZION F CRAWFORDVII The above named SIGNATURE Officer/Dired Title | RD LLE, FL 32327 US d entity submits this statement for the purpose of changing its reg E: JEFFREY S. HOLSTON Electronic Signature of Registered Agent Ctor Detail : P | Title | V | 03/27/2019 | |
| 112 MT. ZION F CRAWFORDVII The above named SIGNATURE Officer/Dired Title Name | RD LLE, FL 32327 US dentity submits this statement for the purpose of changing its reg : JEFFREY S. HOLSTON Electronic Signature of Registered Agent Ctor Detail : P HOLSTON, JEFFREY S 112 MT. ZION RD | Title Name | V HOLSTON, JEFFREY S 112 MT. ZION RD | 03/27/2019 | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY S HOLSTON

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/27/2019

FILED Mar 27, 2019

Secretary of State 3854203790CC

Date

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098058

Entity Name: AJ HOLSTON ENTERPRISE, INC

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