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

FILED PROFIT Feb 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (9)145169 F. RAYMOND BOYNTON, INC. Principal Place of Business Mailing Address 1012 SOUTH DIXIE HWY 1012 SOUTH DIXIE HWY P.O. BOX 986 P.O. BOX 986 DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Date Incorporated or Qualified 2a. Mailing Address 12/10/1945 4. FEI Number 2. Principal Place of Business Applied For 10/2 Not Applicable 59-0696613 Suite, Apt. #, etc. uite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing -an7 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOYNTON JOHN R 3 LOGGERHEAD LANE Street Address (P.O. Box Number Is Not Acceptable) 82 MANALAPAN, LANTANA, FL. FL 33462-1744 83 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE Addition | TITLE BOYNTON, JOHN C 1.2 NAME NAME 411 S O ST STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS 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 CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition 5.1 TD F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 Clity - ST - ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 JOHN C BOYNTON SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 City-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP