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

NAME

STREET ADDRESS

SIGNATURE:

FILED Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 341177 H.H. CARNATHAN AND CO., INC., Principal Place of Business Mailing Address 1339 GREEN ACRES BLVD 1339 GREEN ACRES BLVD POB 820 POR 820 FT WALTON BCH FL 32549 DO NOT WRITE IN THIS SPACE FT WALTON BCH FL 32549 3. Date Incorporated or Qualified 02/06/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1293140 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARNATHAN.H H **169 BEAL PARKWAY** 82 Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEACH FL 32548 84 Zip Code City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition 1.1 TITLE TITLE CARNATHAN.H H 1.2 NAME NAME **169 BEAL ST.** 1.3 STREET ADDRESS STREET ADDRESS FT WALTON BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE CARNATHAN, MAURICE (MRS) NAME 2.2 NAME 169 BEAL ST. STREET ADDRESS 2.3 STREET ADDRESS FT WALTON BEACH FL 2 4 CITY-ST-ZIP City-St-ZiP DELETE Change Addition 3.1 TITLE TITLE CARNATHAN, TERRY H 3.2 NAME NAME **BENNETTS END** STREET ADDRESS 3.3 STREET ADDRESS FORT WALTON BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TETLE Change Addition TITLE CARNATHAN, JOELLEN 4 2 NAME NAME 369 CANTERBURY CIRCLE 4.3 STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL CITY-ST-ZIP 4.4 City-ST-ZiP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

850-862-5117

6.4 CITY-ST-ZIP

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 figure empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or git attachmient with an address.