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PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jul 17 1997 8:00am

Secretary of State

DOCUMENT # 382092 (5)BAR 3, INC. Principal Place of Business Mailing Address 2850 S. JENKINS ROAD FT. PIERCE FL 34947 2850 S. JENKINS ROAD FT. PIERCE FL 34981-5353 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1971 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1402126 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILSON, RICHARD L. 2850 S. JENKINS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34947 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) **VPD** TITLE 🔲 DELETË 1 1 TITLE Change Addition WILSON, RICHARD NAME 1.2 NAME 2850 S. JENKINS ROAD STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 1.4 CiTY - ST - 7/P DELETE TITLE 2.1 TITLE ☐ Change Addition WILSON, TIMOTHY M. NAME 2.2 NAME **6101 ORANGE AVE** STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL CITY - ST - ZIP 2.4 CITY-ST-ZIP STD DELETE TITLE 3.1 TITLE ☐ Change Addition WILSON, JEFFERY H NAME 3.2 NAMC 6101 ORANGE AVE STREET ADDRESS 3.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 3.4 CHTY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City-St-7iP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition

14. I do 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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.2 NAME