FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 389574 (5) O'STEEN BROTHERS, INC. Principal Place of Business Mailing Address 1006 SE 4TH STREET 1006 S E 4TH STREET **GAINESVILLE FL 32601 GAINESVILLE FL 32001** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/12/1971</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1366875 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 O'STEEN, SARAJO 16707 N.W. CR 241 N. 82 Street Address (P.O. Box Number is Not Acceptable) ALACHUA FL 32615 83 84 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE OSTEEN, ARCHIE 1.2 NAME NAME 1008 SE 4TH STREET STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - 78P DELETE TITLE 2.1 TITLE ☐ Change Addition OSTEEN, MABEL NAME 2.2 NAME 1008 SE 4TH STREET STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition OSTEEN, WM BRAD NAME 3.2 NAME 1006 SE 4TH STREET STREET ADDRESS 3.3 STREET ADDRESS GAINESVILLE, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition OSTEEN, DEXTER NAME 4. 2 NAME 1006 SE 4TH STREET STREET ADDRESS 4.3 STREET ADDRESS GAINESVILLE, FL 00000 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 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 12 if changed. Or on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Change

Addition

10/97