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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 467023

(8)

HARRIETT AND SPROULL, P.A.

Principal Place of Business Mailing Address

FILED
Jan 23 1998 8:00am
Secretary of State



314 ST. JOHNS AVENUE 314 ST. JOHNS AVENUE PALATKA FLORIDA 32177-4723 PALATKA FLORIDA 32177-4723 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1974 Principal Place of Business Mailing Address FEI Number 2. 2a, Applied For 59-1567173 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 ☐ No Personal Property Tax due June 30. 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPROULL, JOHN F. 314 ST. JOHNS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PALATKA FLORIDA 32077 83 84 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE SPROULL, JOHN F. NAME 1.2 NAME 314 ST JOHNS AVE. 1.3 STREET ADDRESS STREET ADDRESS PALATKA FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3,2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIF TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5 4 CITY-ST-ZIP ___ DELETE 61 TITLE Change Addition TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address.

SIGNATURE:

Adu I moul.

HED HUIF ISPROUL

1/15/98

904-325-5301

E034 (10/97)