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

FILED PROFIT Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 493736 (3) SUKOSHI, INCORPORATED Principal Place of Business Mailing Address 2500 W HWY 98 2500 W HWY 98 PANAMA CITY FL 32401 PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/02/1975 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1639646 Not Applicable 21 26 Sulte, 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 Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 MULHOLLAND, D.E. 2500 WEST HWY 98 Street Address (P.O. Box Number is Not Acceptable) 82 PANAMA CITY FL 32401 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE Change TITLE 1.1 TITLE DANIEL, JOHN F NAME 1.2 NAME 315 E 4TH ST 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE MÚLHOLLAND, D.E. NAME 2.2 NAME OO W HWY OB 2.3 STREET ADDRESS PANAMA CITY FL 2. 4 CITY - ST - ZIP CHY-ST TH Change Addition DELETE W 3.1 TOTLE TITLE MULLINS, JOHN L 3.2 NAME NAME 2500 W HWY 98 3.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST: ZIP Change Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. I hereby certify that the information supplied will indicated on this aroual report or supply mental

officer or director of the corporation of Block 12 or Block 13 if change if or

rate and that my signature shall have the same legal effect as if made under oath; that I am an xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in 250-760-3511

xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information