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CORPORATION **ANNUAL REPORT**

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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FILED Apr 13 1998 8:00am Secretary of State

JONES, CARTER & DRYLIE, P.A. Principal Place of Business Mailing Address 912 NE 2ND STREET 912 NE 2ND STREET P.O. BOX 1526 GAINESVILLE FL 32601 P.O. BOX 1526 DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32601 3. Date Incorporated or Qualified 12/28/1971 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-1370454 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JONES, RICHARD T Name 912 NE 2ND ST 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32601** 83 R4 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TIT1 F NAME Jones, Richard T 12 NAME 912 NE 2ND ST 1.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition CARTER, CHARLES B. HAME 2.2 NAME 912 N.E. 2ND ST. STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE DRYLIE, DEBORAH C. NAME 3.2 NAME 912 N.E. 2ND ST. STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TATLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 City-St-ZiP

 Thereby certify that the information supplied with the indicated on this annual report or suppliemental ain officer or director of the corporation or the processor Block 12 or Block 13 if changed, or on an attaching not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate the state of the state of the same state of the same legal effect as if made under oath; that I am an accurate the same of the

SIGNATURE: