FILE NOW: FILING FEE IS \$61.25

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NONPROFIT Jan 15 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** (9) DOCUMENT # SUITS FOR SERVANTS, INC. Principal Place of Business Mailing Address 5318 NORMANDY BLVD 5318 NORMANDY BLVD 3. Date Incorporated or Qualified PO BOX 37559 PO BOX 37559 06/14/1978 JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 4. FEI Number Applied For 59-1855940 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #. etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name tatum james L. Street Address (P.O. Box Number is Not Acceptable) 6835 SENECA AVE. JACKSONVILLE FL 32210 83 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition TATUM, JAMES L. NAME 1.2 NAME 6835 SENECA AVE. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition TATUM, BERNICE D. NAME 2.2 NAME 6835 SENECA AVE. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ħ ☐ Change Addition TITLE 3.1 TITLE POLLARD, JAMES F., SR. NAME 3.2 NAME 810 LAUREL ST. STREET ADDRESS 3.3 STREET ADDRESS **BREMEN GA** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE D 4.1 TITLE Change Addition OLFORD, STEPHEN F.(DR) NAME 4.2 NAME **682 KEY ROYAL** STREET ADDRESS 4.3 STREET ADDRESS **HOLMES BEACH FL** CITY - ST- ZIF 4.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 5.1 TITLE NARRAMORE, CLYDE M.(DR) NAME 5.2 NAME 115 SEQUOIA DR. STREET ADDRESS **5.3 STREET ADDRESS** PASADENA CA CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE JONES, DAVID H. NAME 6.2 NAME 1484 MURRAY DR. STREET ADDRESS 6.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address

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