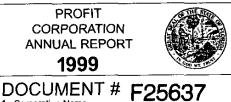
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

## Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90132 049 \*\*\*158.75

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5. Certifcate of Status Desired

\$8.75 Additional

Fee Required

J.T. PRICE FAMILY, INC. Mailing Address Principal Place of Business C/O GEORGE A PRICE C/O GEORGE A PRICE 1311 W 27TH ST 1311 W 27TH ST DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 3. Date Incorporated or Qualifed 03/17/1981 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2566866 26

22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country □No ☐ Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PRICE, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 82 1311 W 27TH ST JACKSONVILLE FL 32209 83 Zip Code 84 85 City

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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE 1.2 NAME PRICE, GEORGE A NAME 1311 W 27TH ST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 2.1 TITLE TITLE 22 NAME PRICE, JOHNNY L NAME 4003 WARNER AVE. 2.3 STREET ADDRESS STREET ADDRESS LANDOVER MD 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 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 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supptied 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 cath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-1-99

CR2E034 (11/98)