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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003688 (8)

AVANTRA CORPORATION

FILED Jun 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address PO BOX 9156 PO BOX 9156 CORPUS CHRISTI TX 78469 **CORPUS CHRISTI TX 78469** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 74-2233916 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip Country Zio This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33327 83 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, typed or printed name of rug stered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS VD DELETE Change ___ Addition TITLE 1.1 TITLE **STOCKSETH, STEVEN W** NAME 1.2 NAME 121 SEA VIEW LANE 1.3 STREET ADDRESS STREET ADDRESS CORPUS CHRISTI TX 78411 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE SMITH, C.W. 2.2 NAME NAME 1800 OCEAN DR., UNIT 100A STREET ADDRESS 2.3 STREET ADDRESS **CORPUS CHRISTI TX** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE STOCKSETH. LEE L 3.2 NAME NAME **8022 MARSEILLE** STREET ADDRESS 3.3 STREET ADDRESS CORPUS CHRISTI TX CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE VD 4.1 TITLE STOCKSETH, MARK NAME 4. 2 NAME 446 DELAINE DR 4.3 STREET ADDRESS STREET ADDRESS CORPUS CHRISTI TX 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE **DUNN, TODD** 52 NAME NAME **615B STRASBOURG** 5.3 STREET ADDRESS STREET ADDRESS **CORPUS CHRISTI TX** 54 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition DELETE 61 TITLE 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 symplified 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 corporalism or the receiver of thisted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of un ap attachment with an address.

6/2/100 1

(re) 002 4350