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

PROFIT

SIGNATURE

Mar 24 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (0) G23375 CANDLE, INC. Principal Place of Business Mailing Address 522 PINEAPPLE **522 PINEAPPLE** SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1983 2. Principal Place of Business 2a. Mailing Address Applied For 59-2253245 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes 30 Personal Property Tax due June 30. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name STAHL, LANCE W 920 4TH ST., SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 84 City 85 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. I application of 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 application with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE hen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change ☐ Addition TITLE NAME STAHL, LANCE W 1.2 NAME 920 4TH ST., SOUTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ DELETE ☐ Change Addition TITLE 2.1 TITLE NAME SAYERS, RALPH A JR 2.2 NAME STREET ADDRESS 920 FOURTH ST., SOUTH 2.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 pr 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

FILED