FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G64164 (8)MAJOR FLORIDA ENTERPRISES, INC. Principal Place of Business Mailing Address 2790 NICOLE AVENUE 2790 NICOLE AVENUE P.O. BOX 421215 P.O. BOX 421215 KISSIMMEE FL 34742-8215 KISSIMMEE FL 34742-8215 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 10/07/1983 2a. Mailing Address 05/01/1995 21 4. FEI Number 26 Applied For Suite, Apt. #, etc. 59-2346164 Suite, Apt. #, etc. Not Applicable 22 27 Certificate of Status Desired \$8.75 Additional City & State City & State Fee Required 23 6. Election Campaign Financing 28 \$5.00 May Be Zip Trust Fund Contribution Country Added to Fees 24 Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 9. Name and Address of Current Registered Agent 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 81 Name MAJORS, STEPHEN G. Street Address (P.O. Box Number is Not Acceptable) 2790 NICOLE AVENUE 82 KISSIMMEE FL 34744 83 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable 12. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12/95)DELETE NAME 1.1 TITLE MAJORS, STEPHEN G Change ☐ Addition 1.2 NAME STREET ADDRESS 2790 NICOLE AVENUE 1.3 STREET ADDRESS CR2E034 CITY - ST - ZIF KISSIMMEE, FL 00000 TITLE 1.4 CITY - ST - ZIP DELETE 2. 1 TITLE NAME Change Addition 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP TITLE 2.4 CITY - ST - ZIP ☐ DELETE 3 1 TITLE NAME ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP TITLE 34 CITY-ST-ZIP DELETE 4. 1 TITLE NAME Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 54 CITY-ST-ZIP DELETE NAME 6. 1 TITLE ☐ Change Addition STREET ADDRESS 62 NAME CITY-ST-ZIP 6.3 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 annual report in Plack 12 or Block 13 if changed or on an attachment with an address. SIGNATURE:

NG OFFICER OR DIRECTOR