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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED PROFIT Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** H09674 **DOCUMENT #** HOWARD R. HODGE, INC. Principal Place of Business Mailing Address 3740 NE 112TH LANE 3740 NE 112TH LANE ROUTE 1 BOX 1440 ROUTE 1 BOX 1440 ANTHONY FL 32817 ANTHONY FL 32617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3740 NE 112th lane 3740 NE 26 59-2454901 112th lane Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Anthony Anthony 23 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 25 Marion 29 3267 9. Name and Address of Current Registered Agent 24 32617 Marion Personal Property Tax due June 30. X Yes □ No 10. Name and Address of New Registered Agent 81 Name HODGE, HOWARD R. **ROUTÉ 1. BOX 1440** Street Address (P.O. Box Number is Not Acceptable) ANTHONY FL 32817 63 84 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition HODGE, HOWARD R. NAME 1.2 NAME 3740 NE 112TH LANE STREET ADDRESS 1.3 STREET ADDRESS **ANTHONY FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition GOEBEL, JOHN J. NAME 2.2 NAME 3850 NE 112TH LANE STREET ADDRESS 2.3 STREET ADDRESS **ANTHONY FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ST DELETÉ 3.1 TITLE Change Addition HODGE, GALE E. NAME 3.2 NAME 3740 NE 112TH LANE STREET ADDRESS 3.3 STREET ADDRESS ANTHONY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 607, Florida Statutes; and that my name appears in