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

SIGNATURE:

PROFIT Jan 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H16156 (2)CJ'S SALES AND SERVICE OF OCALA, INC. Principal Place of Business Mailing Address 132 NE 17TH PL 132 NE 17TH PL OCALA FL 34470 OCALA FL 34470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1984 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2488285 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARGROVE, DUDLEY 132 NE 17TH PL 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ___ Addition HARGROVE, DUDLEY NAME 1.2 NAME 132 NE 17TH PL STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition HARGROVE, ELEANOR J. NAME 2.2 NAME 132 NE 17TH PL 2.3 STREET ADDRESS OCALA FL CITY ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-71P 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 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 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 preference or trusted 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 or preference with an address.

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