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

FILED Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H19257 (5)MEJ ENTERPRISES. INC. Principal Place of Business Mailing Address 41 PREAKNESS PLAZA 41 PREAKNESS PLAZA **ORANGE PARK FL 32073 ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/31/1984</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 Not Applicable 59-2447276 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 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 25 Yes ∏ No 24 29 30 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WITTE, LARRY D. 41 PREAKNESS PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 83 84 City 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. TITLE P DELETE 1.1 TITLE ☐ Change ☐ Addition NAME WITTE, LARRY D. 1.2 NAME 41 PREAKNESS PLAZA STREET ADDRESS 1.3 STREET ADORESS Orange Park Fl. CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE **VPPM** 217(1) BORKO, NICHOLAS P 2.2 NAME 793 DONTO LN STREET ADDRESS 2.3 STREET ADDRESS MIDDLEBURG FL CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 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 ADDRESS City-St-ZiP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

CITY-ST-ZIP 6.4 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 or supplienental 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 if changes, or on an attanument with an address.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

3/12/00

1004) 202 - C198

Change

Addition