PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90040 032 ***150.00

DOCUMENT # H85782 1. Corporation Name QUARTER TO EIGHT INVESTMENTS, INC. Mailing Address Principal Place of Business % MR. WM. BARRY LOFT % MR. WM. BARRY LOFT 745 126TH AVE. 745 126TH AVE. DO NOT WRITE IN THIS SPACE TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 3. Date Incorporated or Qualifed 11/14/1985 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2788895 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Zip Country This corporation owes the current year Intangible 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LOCKE, CHARLES L. Street Address (P.O. Box Number is Not Acceptable) 7005 CENTRAL AVENUE ST. PETERSBURG FL 33710 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR0EN34 /11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME LOFT, WM. BARRY NAME 1.3 STREET ADDRESS 745 126TH AVE. STREET ADDRESS TREASURE ISLAND FL 33706 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 4.1 TITLE TITLE 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 6.1 TITLE TITLE 62 NAME NAME

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 effect this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS