STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 06 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J17902 D J'S GROCERY & BEACH SUPPLIES, INC. Principal Place of Business Mailing Address % DAVID E. JONES 8721 THOMAS DR. PANAMA CITY FL 32408 % DAVID E. JONES 8721 THOMAS DR. DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32408 3. Date Incorporated or Qualified 05/27/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2697681 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, DAVID E. 3623 COURTNEY DR. Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BCH. FL 32408 83 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, typod or printed name of registered agent and little if applicable ed Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ☐ Addition TITLE ITLE JONES, DAVID E. NAME AME 3623 COURTNEY DRIVE. STREET ADDRESS TREET ADDRESS PANAMA CITY FL CITY-ST-ZIP LITY-ST-ZIP VSD DELETE TITLE ITLE Change Addition JONES, JUDY F., NAME AME 3623 COURTNEY DRIVE. STREET ADDRESS TREET ADDRESS PANAMA CITY FL CITY-ST-ZIP HTY-ST-ZIP DELETE TITLE ☐ Change Addition 1LF LISA DAWN JONES NAME **3623 COURTNEY DR** STREET ADDRESS REET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP HTY-ST-ZIP DELETE Addition Change TITLE eri hadones 623 Courtney Dr. NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY - ST - ZIP DELETE Addition TITLE TLE Change NAME AME

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

6.1 ITLE

6.2 NAME

DELETE

TREET ADDRESS

Change

Addition

ITY-ST-ZIP

6.3 STREET ADDRESS

4/12/08