PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # J22943 (1)

1. Corporation Name

FEAGIN AND FEAGIN, INC.

Principal Place of Business	Mailing Address
631 US HWY 1 SUITE 206A NORTH PALM BEACH FL 33408 US	631 US HWY 1 SUITE 206A NORTH PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 400 EXECUTIVE CENTER DR.
Suite, Apt. #, etc.	22 SUITE 204
City & State	23 WEST PALM BEACH, FL
Zip 24 33401	Country 25 USA

2a. Mailing Address	26 400 EXECUTIVE CENTER DR.
Suite, Apt. #, etc.	27 SUITE 204
City & State	28 WEST PALM BEACH, FL
Zip 29 33401	Country 30 USA

3. Date Incorporated or Qualified **07/01/1986**

4. FEI Number **59-2694848**

	Applied For	
	Not Applicable	
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEAGIN, DAWN B. 631 US HWY 1 SUITE 206A NORTH PALM BEACH FL 33408	81 Name FEAGIN, WILLIAM H. 82 Street Address (P.O. Box Number is Not Acceptable) 400 EXECUTIVE CENTER DRIVE 83 SUITE 204 84 City WEST PALM BEACH FL 85 Zip Code 33401

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 WILLIAM H. FEAGIN *William H Feagin* 9/21/98

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 PD NAME FEAGIN, WILLIAM H. STREET ADDRESS 575 MASTERS WAY CITY-ST-ZIP PALM BEACH GARDENS FL	☐ DELETE	1.1 TITLE PD 1.2 NAME FEAGIN, WILLIAM H. 1.3 STREET ADDRESS 410 KELSEY PARK DRIVE 1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 — ☒ Change ☐ Addition
TITLE VPD NAME FEAGIN, DAWN B. STREET ADDRESS 575 MASTERS WAY CITY-ST-ZIP PALM BEACH GARDENS FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E034 (5/98)

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

SIGNATURE WILLIAM H. FEAGIN *William H Feagin* 9/21/98 689-4689