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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J26348 (9)E. DUGGAR, INC. Principal Place of Business Mailing Address 4141 APALACHEE PKWY. 4141 APALACHEE PKWY. TALLAHASSEE FL 32311-4130 TALLAHASSEE FL 32311-4130 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1986 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-2700647 Not Applicable Suite, 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 28 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 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 DUGGAR, S.E. 2018 CHATSWORTH WAY 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSE FL 32308 83 85 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE □ DELETE 1.1 TITLE Change DUGGAR, S.E. NAME 1.2 NAME 2018 CHATSWORTH WAY STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE SID ☐ DELETE 2.1 TITLE Change Addition DUGGAR, EVA NAME 2.2 NAME 2018 CHATSWORTH WAY STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITT F Change ☐ Addition BAILEY, JOE 3.2 NAME 3853 WINDEMERE ROAD STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition BAILEY, GENNY NAME 4. 2 NAME 3853 WINDEMERE ROAD STREET ADDRESS 4.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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.

DELETE

AREQUIRED

(10/97

Change

1-4-98

Addition