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

PROFIT H ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS **19**98 98 JUN -5 TH 3: 05 DOCUMENT # J47695 (8)GREAT AMERICAN INVESTMENTS, INC. Principal Place of Business Mailing Address TURBEVILLE, JUDY P.O. BOX 1823 980 S. FLORIDA AVE TARPON SPRINGS FL 34688-1823 DO NOT WRITE IN THIS SPACE TARPON SPRINGS FL 34689 3. Date Incorporated or Qualified 01/01/1987 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2749360 Not Applicable 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 Trust Fund Contribution 28 Added to Fees Ζφ Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TURBEVILLE, JUDY ında 'inSon 960 S. FLORIDA AVE 82 Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 evis 83 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statisfient for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the objections of, Section 607,0505, Florida Statutes, ynda G Mu SIGNATURE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Addition TITLE 1.1 TITLE Judy Turboville P.O. BOX 1823 (NIA) **TURBEVILLE, JUDY** NAME 1.2 NAME 960 S. FLORIDA AVE STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL TARDON Springs CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 400002557774-NAME 2.2 NAME -06/12/98---01012--014 STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 2. 4 CITY - ST- ZIP CITY-ST-ZIF Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELE 1E 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Chang TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

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