FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J71027 (3)S & M SADDLE CREEK CORPORATION Principal Place of Business Mailing Address % JOHN A. ATTAWAY, JR. % JOHN A. ATTAWAY, JR. ONE LAKE MORTON DRIVE ONE LAKE MORTON DRIVE DO NOT WRITE IN THIS SPACE LAKELAND FL 33801 LAKELAND FL 33801 3. Date Incorporated or Qualified RHARD GRIFFIN 05/04/1987 2a. Mailing Address 100 P.E. GRIFFIN RES 59-2817048 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible g. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent ATTAWAY, JOHN A., JR. ONE LAKE MORTON DRIVE 82 LAKELANO FL 33801 BARTOW 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 agriculture of the obligations of, Section 607.0505, Florida Statutes. J. RICHARD GRIFFIV

d spell and bite d applicable (NOTE Registered Agent signature 4/22/18 **SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change **GRIFFIN. J. RICHARD** NAME 1.2 NAME STREET ADDRESS 2201 E F GRIFFIN RD 1.3 STREET ADDRESS **BARTOW FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE GRIFFIN, EMMETT F. NAME 22 NAME 5272 WATERWOOD DR. STREET ADDRESS 2.3 STREET ADDRESS **BARTOW FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE GRIFFIN, WILLIAM M. 3.2 NAME 4515 PIO NONO AVE STREET ADDRESS 3.3 STREET ADDRESS MACON GA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing doos 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 rejeiver 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 placehment with an address.

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

☐ Change

Applied For

Not Applicable

Addition

Addition

Addition

Addition

Addition

Addition