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

Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) J85724 WACKO'S, INC. Principal Place of Business Mailing Address 23 N. UNIVERSITY BLVD. 3484 CHARMONT DRIVE JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1987 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 8550 Arlington Expur 59-2844034 Not Applicable 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 Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCANTLING, BRENDA P. 81 Name 3484 CHARMONT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 83 City 84 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE SCANTLING, BRENDA P. NAME 1.2 NAME 3484 CHARMONT DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this fiting 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.

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