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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

J96833

(5)

OCEANWAY BOOKKEEPING, INCOME TAX AND SECRETARIAL SERVICE, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 462 NEW BERLIN ROAD 482 NEW BERLIN ROAD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2848459 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional \mathbf{Z} 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 28 Zip Country Country 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 BOSWELL, ETHEL H 48 OCEANWAY BLVD. 462 NEW BERLIN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 83 84 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition BOSWELL, ETHEL H 1.2 NAME 462 NEW BERLIN ROAD CR2E034 48 OCENAWAY AVE. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL. ACKSONVILLE, FL. 32218 1.4 CITY-ST-ZIP CITY-ST-ZIP VSTO Change DELETE TITLE 2.1 TITLE Addition SCOTT, DOLORES S 2.2 NAME 462 NEW BERLIN ROAD 48 OCEANWAY AVE. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

14. Thereby 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 ennual 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:

Dolores

4/20/98