FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)

FILED Feb 06 1998 8:00am Secretary of State

| MIKE J | ustus s | ALES, INC. | | | | | | | | | | | | |
|--|--|---|--------------|--|-------------------------|--------------------|-----------------|-------------|---|-------------------------------|----------------|---------------------------------------|----------------|------------------------|
| Principal Place | e of Busines | <u></u> | М | ailing Address | | | | | | ON HITE MILES III | IN IHIUW HEE U | | BIBER DIVIN VI | 1817 B1841 1881 |
| C/O CHARLES S DAYHOFF P O BOX 1804 PALMETTO FL 34220 | | | | C/O CHARLES S DAYHOFF P O BOX 1904 PALMETTO FL 34220 | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | | |
| US | | | ı | JS | | | | | 10/04/19 | | ameu | | | |
| 2. Principal Pl | lace of Busin | ioss | 2a. | . Mailing Address | | | | | 4. FEI Numbe | | | · · · · · · · · · · · · · · · · · · · | F | Applied For |
| 21 | | | | 26 | | | | 59-291 | 3048 | | | ١ | ot Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate | of Status Desi | red [| | | Additional Required |
| City & State | | | | City & State | | | | | 6. Election Ca | ımpaign Finar Contribution | ncing (| m | • | D May Be I to Fees |
| Zip | | Country | 28 | Zip | T Co | untry | | | | | has naid | the cur | | |
| 24 | 25 | | | 29 30 | | | | | 8. This corporation owes or has paid the curre Personal Property Tax due June 30. | | | | | □ No |
| -1 | | and Address of Curre | | stered Agent | | | | | 10. Name and | | | | Agent | |
| DA | YHOFF, CH | IARLES S., III | | | , | 81 | Name | | | | | | | |
| CORNERSTONE CENTRE | | | | | | | Street | Addres | Address (P.O. Box Number is Not Acceptable) | | | | | |
| 3830 TAMPA ROAD, SUITE 150 PALM HARBOR FL 34684 | | | | | | 83 | | | | - | | | | |
| ra. | LM MANDO | n FL 34004 | | | | 84 | City | | | | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisi | ions of Sections 607.0! | 02 and 6 | 607.1508. Florida Statu | tes, the a | Lbove | e-namec | d corpoi | ration submits th | is statement f | or the pur | | | its registered |
| office or r | egistered ag | ions of Sections 607.05 ent, or both, in the Stat th, and accept the obti | e of Flori | da. Such change was f. Section 607 0505. E | authorize lorida Sta | d by | the cor | poratio | n's board of dire | ctors. I hereb | y accept | the app | ointment a | s registered |
| SIGNATURE | ori i g orinica i iii | in, and doodpt me out | ga | .,, 000,00, 00, 10000, 1 | | | | | | | | | | |
| SIGNATORE | Signature, lyped | or printed name of registered a | | | | d Age | rulangia In | e required | when reinstating) | | | DATE | | |
| 12. | - 554 | OFFICERS AI | ND DIRE | | 13. | | | 1 | ADDITIONS/ | CHANGES TO | O OFFICE | | Change | |
| TITLE | PDV | ANOLIAE DAVAD | | ☐ DELETE | 111 | | | | | | | | E Minange | Addition |
| NAME | | , MICHAEL DAVID | | | 121 | | I D D D C C C C | ٠, | 7 A 8 AU | 1604 | A J. | 112 | | |
| STREET ADDRESS | | NTEGO WAY | | | | | ADDRESS | 6 | 7,0. BOX | F1 | 24 | ézo. | | |
| CITY-ST-ZIP TITLE | DS | VEDRA BEACH FL | | DELETE | 211 | HTY-SI | 1-211 | + - | ACMELLE | | | | Change | Addition |
| NAME | | CHEAN | | L. Detect | - 1 | IAME | | | | | | | — | |
| STREET ADDRESS | JUSTUS, SUSAN L. ADDRESS 283 MONTEGO WAY | | | | | 2.3 STREET ADDRESS | | 1 | P.O. BOX 1904 N/A PALMETTO FL 3422 | | | | | |
| CITY-ST-ZIP | | VEDRA BEACH FL | | | | CITY-S | | l p | LIMITTO | FC | .3 | 422 | 0 | |
| TITLE | TOITIL | TEDIM DENOIT IE | | DELETE | 311 | | Z1 <u> </u> | | ACHICA | <u></u> | | | Change | Addition |
| NAME | | | | _ | 3.2 N | IAME | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | 3 4. | CITY-S | ST - 7/P | | | | | | | |
| TITLE | | ·- | | ☐ DELETE | 411 | | | 1 | | | | | ☐ Change | Addition |
| NAME | | | | | 4.2 | NAME | | | | | | | | |
| STREET ADDRESS | | | | | 435 | TAFET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | 4.4 0 | ITY-S | 1 - ZIP | | | | | | | |
| TITLE | | | | DELETE | 5.11 | ITLE | | | | | | | Change | Addition Addition |
| NAME | | | | | 521 | IAME | | | | | | | | |
| STREET ADDRESS | | | | | 5.3 5 | THEET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | , <u>-</u> . | · | 5.40 | ITY-S | T-ZIP | J | , ., ., | | | | | |
| TITLE | | | | ☐ DELETE | 611 | ITLE | | | | | | | ☐ Change | Addition |
| NAME | | | | | 6.2 N | IAME | | | | | | | | |
| STREET ADDRESS | | | | | 6.3 STREET ADDRESS | | | | | | | | | |
| CITY_ST_7IP | 1 | | | | 640 | HIY-S | 1 - 7IP | 1 | | | | | | |

14. 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.

Stalas

941-722-9134