pg.10/2 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 97 AUG -6 AM 11: 01 ege hawn Cane, Inc SECRETARY OF STATE TALLAHASSEE, FLORIDA Wellington, FL 33 Richard E. Laylel 14/80 Blackbenny Principal Piace of Business Richard E. Lnubbut 14180 Bladebenny Du 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24 Applied For 26 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has fiability for intangible tax under s. 199.032, 24 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Richard E. Laukhur Street Address (P.O. Box Number is Not Acceptable) 82 14180 Black benny Dn 83 Wellington, FL 33414 Zip Code City 85 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE WITLE ! Change Addition 1.1 TITLE President NAME 1.2 NAME LAUKHUF RICHAMO STREET ADDRESS 1.3 STREET ADDRESS CITY-\$1-ZIP 14 CHTY - ST - ZIP 21 TITLE TITLE 2 2 NAME NAME --016 2.3 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 71716 Change Addition NAME 3.2 NAME SKILET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - S1 - ZIP CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE TITLE 6.1 TIBLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - \$1 - 2IP 14. I do hereby 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 eath; 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

Richard E. LAUKhof 7/

I am filling for my annual report at this late date because I didn't receive one in the wail and just thought about checking on it. I called AND received this form which I quickly filled out. Thank you Rinhard & Jaway