FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:35

TALLAHASSEE, FLORIDA

DOCUMENT # **K88396** **(2)**

1. Current Name
O'STEEN SALES, INC.

Principal Place of Business	Mailing Address
2547 SIGMA CT 1286 SOUTH EDGEWOOD AVE. ORANGE PARK FL 32073	2547 SIGMA CT 1286 SOUTH EDGEWOOD AVE. ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1989**	3a. Date of Last Report: **03/15/1994**
4. FEI Number: **59-2959877**	Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'STEEN JOE **2547 SIGMA CT** **ORANGE PARK FL 32073**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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: (If changing Registered Agent, Registered Agent must sign) (If Registered Agent is a corporation, officer must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
01 TITLE	DP	01 TITLE	☐ Change ☐ Addition
02 NAME	O'STEEN, JOE	02 NAME	
03 STREET ADDRESS	2547 SIGMAN CT	03 STREET ADDRESS	
04 CITY-ST-ZIP	ORANGE PARK FL	04 CITY-ST-ZIP	
05 TITLE	ST	05 TITLE	☐ Change ☐ Add
06 NAME	O'STEEN, DIANE LOU	06 NAME	
07 STREET ADDRESS	2547 SIGMA CT	07 STREET ADDRESS	
08 CITY-ST-ZIP	ORANGE PARK FL	08 CITY-ST-ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY-ST-ZIP		12 CITY-ST-ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY-ST-ZIP		16 CITY-ST-ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY-ST-ZIP		20 CITY-ST-ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my electronic 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 1, or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Joe O'Steen Joe O'Steen 4/26/95 (904) 269-5112
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0004617 CP