FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K99423 (1)CHARLIE LUCKIE & ASSOCIATES, P.A. Mailing Address Principal Place of Business % CHARLIE LUCKIE, JR. % CHARLIE LUCKIE, JR. 242 HOWELL AVE. 242 HOWELL AVE. BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601** 07/03/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2948613 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State Trust Fund Contribution 23 28 Country Zip Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name LUCKIE, CHARLIE, JR. 242 HOWELL AVE. 82 **BROOKSVILLE FL 34601** 83 84 City **SIGNATURE** Signalure, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE

FILED Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 Slate 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. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ___ Addition LUCKIE, CHARLIE, JR. NAME 1.2 NAME 242 HOWELL AVE. 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 3ITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP ☐ DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP

14. I 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 outh; 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 change of or an attachment with an oddress.

Marlie Living Tr 1-07-98 (352)796-3544