FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

LODESTAR INVESTMENT COMPANY

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i radimit mil antii taal) laalt dalta 31.01 otali otali ale	is dikis dedri denti ingl		
5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE FL 32210			5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE FL 32210				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
							08/03/1989		
2.	Principal Place of Business	2a.	2a. Mailing Address				4. FEI Number	Applied For	
21	•		26				59-2963592	Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional Fee Required	
23	City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip Count	ry 29	Zip	30 Cou	ntry		This corporation owes or has paid the curren Personal Property Tax due June 30.	res 🗹 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
WEDEKIND, LEE D., JR.					81	Name			
5345 ORTEGA BOULEVARD SUITE 7				82	32 Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32210-4997				83					
					84	City	FL ^l	35 Zip Code	
11	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Acent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D DELETE Change Addition 1.1 TITLE TITLE WEDEKIND, LEE D., JR. 1.2 NAME NAME 5345 ORTEGA BLVD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition ■ DELETE 2.1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change 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 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:

1/6/58

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