SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Sep 17 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # L34770 (2)B & J CALADIUMS, INC. Principal Place of Business Mailing Address 131 CALADIUM ROW 131 CALADIUM ROW SEBRING FL 33872 SEBRING FL 33872 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 01/01/1990 03/05/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0157904 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORRIS, JACK 131 CALADIUM ROW Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33872 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Flugislered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE 1.1 TATLE Change Addition NAME MORRIS, JACK 1.2 NAME 131 CALADIUM ROW STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE DVP Addition TITLE 2.1 TITLE Change MORRIS, BRENDA NAME 2.2 NAME 131 CALADIUM ROW STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE ___ Acdition TITLE DŜT 3.1 TITLE MORRIS, BRENDA 3.2 NAME NAME 131 CALADIUM ROW STREET ADDRESS 3.3 STREET ADDRESS SEBRING FL 3.4. CITY-ST-ZIP CITY-ST-ZIP __ DELETE 4.1 TITLE ☐ Change ___ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 61 TITLE ☐ Change

appears in Block 12 or Block 13 if changed, or on an attachment with an address 11/20015

62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. I do 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 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

NAME

STREET ADDRESS

CITY-ST-ZIP