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

Feb 13 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1 41272 (O) AGER ROAD CORP. Mailing Address Principal Place of Business 4621 EMERSON ST 4621 EMERSON ST JACKSONVILLE FL 32207-4920 JACKSONVILLE FL 32207-4920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2984938 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. T Yes ∏ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICE, FREDRICK L. 4621 EMERSON ST 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207-4920 83 84 City Zip Code 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 Lorida, 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 tile if applicable (NOTE Hogistered Agent signature required when roinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 1.1 TITLE CURY, NEAL GENE NAME 12 NAME 4621 EMERSON ST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE CURY, PHILLIP H. NAME 2.2 NAME **4821 EMERSON ST** STREET ADDRESS 2.3 STHEFT ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE ELY, ELIZABETH C. NAME 3.2 NAME 2205 CALIFORNIA ST NW STREET ADDRESS 3.3 STREET ADDRESS WASHINGTON DC CITY-ST-ZIP 3 4. CITY - ST - 7IP TITLE DELETE 4.1 TITLE ☐ Addition ROMANUS, JOYCE ANN NAME 4 2 NAME 11309 BAROQUE RD STREET ADDRESS 4.3 STREET ADDRESS SILVER SPRINGS MD CITY - ST - ZIP 4.4 CITY-ST-7/P Change DELETE Addition TITLE 5.1 TIJLE SAVOPOULOS, MICHAES L. NAME 5.2 NAME 7 BROMWELL CT STREET ADDRESS 5.3 STREET ADDRESS COCKEYSVILLE MD CITY-ST-ZIP 5.4 C(1V - S1 - ZIP DELETE Change ☐ Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 C(TY - ST - Z(P 14. Thereby 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 receive 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.

FILED

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