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

PROFIT Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name (8) ELLFRED, INC. Principal Place of Business Mailing Address 14148 GULF BLVD 14146 GULF BLVD DO NOT WRITE IN THIS SPACE MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 3. Date Incorporated or Qualified 01/17/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2998331 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 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 GOLDBRONN DOREEN M 2240 BELLEAIR RD, STE 140 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34624 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: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition MYERS, FRED W. NAME 1.2 NAME 14146 GULF BLVD., #3A STREET ADDRESS 1.3 STREET ADDRESS Madeira Beach Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP TIFLE ☐ DELETE 2.1 TITLE Change Addition NAME WOODARD, ELOISE 2.2 NAME 14146 GULF BLVD., #3A STREET ADDRESS 2.3 STREET ADDRESS MADEIRA BEACH FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE ___ Change Addition MYERS, WILLIAM A. NAME 3.2 NAME 3592 LANDMARK TRAIL STREET ADDRESS 3.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 3.4. CITY-ST-7IP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 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 charged, or on an attachment with an address.

168

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