Mar 02, 1999 8:00 am PROFIT FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris ANNUAL REPORT 03-02-1999 90081 009 ***150.00 Secretary of State DIVISION OF CORPORATIONS 1999 **DOCUMENT # L51828** Corporation Name MATLACHA ENTERPRISES, INC. Mailing Address Principal Place of Business % SHELDON S. FULTON, SR. % SHELDON S. FULTON, SR. 2898 TRIGGER FISH 2898 TRIGGER FISH DO NOT WRITE IN THIS SPACE MATLACHA FL 33909 MATLACHA FL 33909 3. Date incorporated or Qualifed 02/16/1990 4. FEI Number Applied For 2. Principal Place of Business 2a, Mailing Address 65-0175220 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country Zio 8. This corporation owes the current year intangible Zip □No Yes Yes Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FULTON, SHELDON S. 82 Street Address (P.O. Box Number is Not Acceptable) 2898 TRIGGER FISH MATLACHA FL 33909 83 Zip Code 84 City 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 ittle it applicable (NOTE: Registered Agent signature required when reinstating) (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TOLE SECRETARY TILE CR2E034 1.2 NAME FULTON, SHELDON J NAME 2898 TRIGGERFISH 2226 SE 15TH ST 1.3 STREET ADDRESS STREET ADDRESS MATLACHA, FL 33909 CAPE CORAL FL 33904 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change
Ch PRESIDENT DELETE 21 TITLE TITLE **FULTON, JACQUELINE** 22 NAME NAME 2898 TRIGGERFISH STREET ADDRESS 2226 SE 15TH ST 2.3 STREET ADDRESS MATLACHA, FL 33909 CAPE CORAL FL 33904 2 4 CITY-ST-ZIP CITY-ST-ZIP **▼** Addition Change DELETE VICE PRESIDENT 3.1 TITLE TITLE 32 NAME FULTON, SHELDON Jr NALE 2226 SE 15TH ST CAPE CORAL FL 3 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Change Addition OELETE MLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF

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, with all other like empowered.

5.1 TITLE 52 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE: SHELDON FULTON JR

NAME

me

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

☐ Change

Change

☐ Addition

☐ Addition

FILED