STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L53195 (8)AMANDA-J INC. Principal Place of Business Mailing Address 3485 ASHMOBE LANE 3485_ASHMORE_LANE PACE FE \$2571 PACE EL 026/1 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2992952 8500 JADE ACRETED Not Applicable 8500 TADE ACRES Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be PENSA COL PENSHOULA Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes of has paid the current year Intangible 32 Yes Personal Property Tax due June 30. 25 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELANEY, RICHARD F. - 3485 ASHMORE LANE Street Address (P.O. Box Number is Not Acceptable) PAGE FL 32571 8500 JADE ACRES PI 83 City 84 Zip Code ρ 325Z6 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, 1 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 Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE **Change** ☐ Addition 1.1 TITLE TITLE DELANEY, RICHARD F. NAME 1.2 NAME 8485 ASHMORE LANE STREET ADDRESS 1.3 STREET ADDRESS RACE FL-CITY-ST-ZIP 1.4 CITY-ST-ZIP 130VC TITLE DELETE Change Addition 2.1 TITLE DELANEY, LINDA C. NAME 2.2 NAME **3485 ASHMORE LANE** STREET ADDRESS 2.3 STREET ADDRESS PACE FL CITY-ST-ZIP 4710 u 2 4 CITY-ST-ZIP MUSE DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

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