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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT QUATATE Sandra B. Mcsmam

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

Principal Place of Business % SCOTT WELLS CLEMONS P.O. DRAWER 2298

PANAMA CITY FL 32402

Suite, Apt. #, etc.

City & State

Zip

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2. Principal Place of Business

CARROLL, LARRY K 2551 JENKS AVE

PANAMA CITY FL 32405

L60618

(0)

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9. Name and Address of Current Registered Agent

FIVE STAR VENTURES, INC.

FILED Apr 23 1998 8:00am Secretary of State

A HORANDAN ARE CANA CORA CENTRA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C

🔀 Yes

Zip Code

Mailing Address							
% SCOTT WELLS CLEMONS P.O. DRAWER 2298 PANAMA CITY FL 32402		DO NOT WRITE IN THIS SPACE					
		3. Date Incorporated or Qualified					
		03/22/1990					
2a. Mailing Address 26		4. FEI Number	Applied For				
		65-0185049	Not Applicable				
Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
7ip	Country	8. This corporation owes or has paid the current year Intangible					

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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

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Name

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent as	ditited applicable (NOTE:	Registered Agent signature requir	red when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		\$ IN 12			
TITLE	D	☐ DELET é	1.1 TITLE		☐ Change	Addition			
NAME	Warriner, David P		1.2 NAME						
STREET ADDRESS	206 MONUMENT STREET		1.3 STREET ADDRESS						
CITY-ST-ZIP	PORT ST JOE FL		1.4 CITY - ST - ZIP						
TITLE	P	☐ DELETE	2.1 TITLE		Change	Addition			
NAME	CARROLL, LARRY K.		2.2 NAME						
STREET ADDRESS	25 51 JENKS AVE		2.3 STREET ADDRESS						
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CITY- ST- ZIP						
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition			
NAME	Overman, John C.		3.2 NAME						
STREET ADDRESS	8623 N LAGOON DR D-5		3.3 STREET ADDRESS						
CITY-ST-ZIP	PANAMA CITY BEACH FL		3.4. CITY - ST - ZIP						
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	Addition			
NAME	CLEMONS, SCOTT W.		4. 2 NAME						
STREET ADDRESS	405 OAK AVENUE		4.3 STREET ADDRESS						
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 TITLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CiTY-ST-ZIP						
TITLE		☐ DELE te	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
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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 13 if the part of the corporation of t Block 12 or Block 13 if changed, or on an abachm