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

Apr 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)L77631 MARANATHA SHELL CREATIONS, INC. Principal Place of Business Mailing Address % D.J. SMITH 41952 ABELE ST % D.J. SMITH 41952 ABELE ST DO NOT WRITE IN THIS SPACE EUSTIS FL 32726 **EUSTIS FL 32726** 3. Date Incorporated or Qualified 06/01/1990 2. Principal Place of Business Mailing Address Applied For 59-2586001 21 Not Applicable 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 28 Trust Fund Contribution Added to Fees Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SMITH, D.J. 41952 ABELE ST 82 Street Address (P.O. Box Number is Not Acceptable) **EUSTIS FL 32726** 83 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 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 tritle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change Addition TITLE SMITH, D.J. NAME 1.2 NAME CR2E034 41952 ABELE ST TREET ADDRESS 1.3 STREET ADORESS **EUSTIS FL** Y-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 21 TITLE **BLAKE, GARY** ı٤ 22 NAME 41952 ABELE ST REET ADDRESS 2.3 STREET ADDRESS **EUSTIS FL** .iTY-ST-ZIP 2. 4 CITY - ST - 2)P DELETE 3.1 THILE ☐ Change Addition THE 3.2 NAME OORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME 4.3 STREET ADDRESS RESS CIT 4.4 CITY-ST-ZIP DELETE TITL 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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.

2. Smitts

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY ST - ZIP

SIGNATURE:

FILED