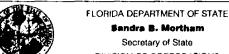
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

M12737

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

Principal Place of Business



Secretary of State DIVISION OF CORPORATIONS

(6)

BUCK AND ASSOCIATES, P.A.

Mailing Address

FILED May 12 1998 8:00am Secretary of State



519 CRILL AVE. 519 CRILL AVE. PALATKA FL 32177 PALATKA FL 32177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2498295 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUCK, WILLIAM L. JR. 519 CRILL AVE. **B2** Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32077 83 84 City 85 Zip Code

Pursuant to the provisions of Soctions 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition Change TITLE 1.1 TITLE BUCK, WILLIAM 1.2 NAME NAME 1307 S 14TH ST STREET ADDRESS 1.3 STREET ADDRESS PALATKA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP STD ☐ DELETE Change ☐ Addition TITLE 2.1 TITLE BUCK, ELIZABETH T. MAKE 2.2 NAME 1307 S 14TH ST STREET ADDRESS 2.3 STREET ADDRESS PALATKA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition

STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME

4. 2 NAME

STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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.

SIGNATURE:

STREET ADDRESS

NAME

4-29-98 904-328-2210