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PROFIT

SIGNATURE:

Apr 21 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)M82356 SAN JORGE CORPORATION Principal Place of Business Mailing Address B65 HIGHWAY 98 P.O. BOX 922 EASTPOINT FL 32328-0922 **EASTPOINT FL 32328-0922** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1988 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For 59-2896828 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country This corporation owes or has paid the current year Intangible 24 25 29 30 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 DODDS, JOHN P 865 HIGHWAY 98 Street Address (P.O. Box Number is Not Acceptable) 82 **EASTPOINT FL 32328-0922** 83 84 City 85 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition DODOS, JOHN P 3R2E034 1.2 NAME NAAM 865 HIGHWAY 98 STREET ADDRESS 1.3 STREET ADDRESS **EASTPOINT FL 32328-0922** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE DODDS, GAYLE C 22 NAME NAME 865 HIGHWAY 98 2.3 STREET ADDRESS STREET ADDRESS **EASTPOINT FL 32328-0922** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 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 conformation 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 migration or join an adaption of the receiver of the conformation of the receiver of the receiver of the conformation of the receiver of the r

JOHN P. DODDS

REGIDENT

FLORIDA DEPARTMENT OF STATE

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