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

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

Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M99703 (4) GENCRAFT, INC. Mailing Address Principal Place of Business 2826 N W 9TH PLACE 2926 N W 9TH PLACE 2926 N.E. 9TH PLACE 2926 N.E. 9TH PLACE DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32605 GAINESVILLE FL 32605 3. Date Incorporated or Qualified 09/20/1988 Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-2909103 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 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees 28 B. This corporation owes or has paid the current year published Personal Property 1ax due June 30. Will Yes Will No Zip Country Zip Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBERTS, HOWARD B., II 2926 N.E. 9TH PLACE Street Address (P.O. Box Number is Not Acceptable) 82 GAINESVILLE FL 32605 83 84 City 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 Pirida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and people the blightings of Section 607.0505 Elorida Statutes. Elorida Slatules SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TILLE ROBERTS, HOWARD B. II NAME 1.2 NAME 2926 N.W. 9TH PLACE STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition TITLE 2.1 THE ROBERTS, HOWARD B. II NAME 2.2 NAME 2926 N.W. 9TH PLACE STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TIT1 F 3.1 1016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C/TY - ST - 7/P DELETE Change TITLE 4 1 1111.6 ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4 4 City - St - Zip DELETE Change Addition TITLE 5.1 TILLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY - ST - ZIP DELETE Change ☐ Addition 6 1 111LE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 6.4 CITY - ST- ZIF 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 eath; 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

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