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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005819

1. Corporation Name
Miss Rodeo FLORIDA, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 12/30/93
3a. Date of Last Report: 09/22/97

2. Principal Place of Business	2a. Mailing Address
21 5380 Dixonville Rd	26 P.O. 798
22 State, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: JAY FL	28 City & State: JAY FL
24 Zip: 32565	29 Zip: 32565
25 Country: SANTA ROSA	30 Country: SANTA ROSA

4. FEI Number: 59-3235531 — Applies For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Paula Thomas
	82 Street Address (P.O. Box Number is Not Acceptable): 5380 Dixonville Rd
	83
	84 City: JAY FL 85 Zip Code: 32565

11. Pursuant to the provisions of Section 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Paula Thomas — 10-10-98
(Signature of New Registered Agent required when completing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE	11 TITLE: STMD 12 NAME: NANCI BASS 13 STREET ADDRESS: 5380 Dixonville Rd 14 CITY-ST-ZIP: JAY FL 32565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE	21 TITLE: VD 22 NAME: Roy Thomas 23 STREET ADDRESS: 5380 Dixonville Rd 24 CITY-ST-ZIP: JAY FL 32565	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE: CPD 32 NAME: Paula Thomas 33 STREET ADDRESS: 5380 Dixonville Rd 34 CITY-ST-ZIP: JAY FL 32565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE: 42 NAME: 900002663649--9 43 STREET ADDRESS: -10/14/98--01065--001 44 CITY-ST-ZIP: *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	☐ Change ☐ Addition

10-12-98

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paula Thomas — 10-10-98 — 850-675-6389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #