FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P92000000398 (7) **DOCUMENT #**1. Corporation Name JOHN E. NAUMANN, INC. Principal Place of Business Mailing Address 6051 MERRILL RD. 6051 MERRILL RD. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3150363 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAUMANN, JOHN E 4268 HEATH RD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 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 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, 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 TITLE DELETE 1 1 TITLE ☐ Change ☐ Addition NAUMANN, JOHN E NAME 1.2 NAME 4268 HEATH RD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change TITLE 2.1 TITLE NAUMANN, TONI L NAME 2.2 NAME 4268 HEATH RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE Change TITLE 5.1 TITLE

6.3 STREET ADDRESS STREET ADDRESS 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

5.2 NAME

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