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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200009160 (2)

O'CONNOR OF OKEECHOBEE, INC.

Principal Place of Business Mailing Address 1000 S.W. 15TH STREET 1000 S.W. 15TH STREET OKEECHOBEE FL OKEECHOBEE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0385421 21 Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip 24 25 Personal Property Tax due June 30. Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COOK, JOHN R Name 202 N.W. 5TH AVENUE Street Address (P.O. Box Number is Not Acceptable)

FILED Mar 19 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible **OKEECHOBEE FL 34972** 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, typod or printed name of registered agent and time if applicable (NOTE: Repistered Agent signature 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE O'CONNOR, HARRISON 1.2 NAME NAME 1000 S.W. 15TH ST STREET ADDRESS 1.3 STREET ADDRESS **OKEECHOBEE FL 34973** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE O'CONNOR, THERESA H NAME 2.2 NAME 1000 S.W. 15TH ST STREET ADDRESS 2.3 STREET ADDRESS **OKEECHOBEE FL 34973** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS City-st-zip 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 open attachment with an address.

SIGNATURE: X

610-7273 763*-5382*