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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025903 (4)

EJR INVESTMENTS, INC. Principal Place of Business Mailing Address 7323 WINDOVER WAY 7323 WINDOVER WAY TITUSVILLE FL 32780 TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3196950 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year intangible 24 29 Personal Property Tax due June 30. []] Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSE, JAMES W 2959 TWIN FALLS CT Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32224 83 84 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 a just, and tille if applicable (NOTE Registered Agent signature required when reinstating) 2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PDST** Addition TITLE DELETE ☐ Change 1.1 TITLE ROSE, JAMES W 1.2 NAME 2959 TWIN FALLS CT STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE SMITH, LYNNWOOD N NAME 2.2 NAME 7323 WINDOVER WAY STREET ADDRESS 2.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6 1 1ITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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.

FILED

May 18 1998 8:00am

Secretary of State