SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

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

1995 7 25 95 B 7993 C

DOCUMENT # P93000031944 (0)

1. Corporation Name
JOHN FOSTER, INC.

FILED
1995 JUL 25 AM 9:18
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT. 3 BOX 745B LABELLE FL 33935	RT. 3 BOX 745B LABELLE FL 33935

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business	2a. Mailing Address
21 2280 Bee Branch Lake Dr	26 2280 Bee Branch Lake Dr
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 LaBelle, Fla	City & State 28 LaBelle, Fla
Zip / Country 24 33935 25 Hendry	Zip / Country 29 33935 30 Hendry

4. FEI Number: 65-0410682 ☐ Applied 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

LUCKEY, OWEN L JR
722 TRADER ROAD
POST OFFICE DRAWER 1820
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
(Required) Type or printed name of registered agent and title if applicable (Required) Registered Agent's signature required when changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	FOSTER, JOHN	12 NAME	Foster John
STREET ADDRESS	RT. 3 BOX 745B	13 STREET ADDRESS	2280 Bee Branch Lake Drive
CITY ST ZIP	LABELLE FL 33935	14 CITY ST ZIP	LaBelle, Fla. 33935
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	FOSTER, ROSETTA	22 NAME	Foster Rosette
STREET ADDRESS	RT. 3 BOX 745B	23 STREET ADDRESS	2280 Bee Branch Lake Dr.
CITY ST ZIP	LABELLE FL 33935	24 CITY ST ZIP	LaBelle, Fla. 33935
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John S. Foster 7-15-95 (813) 675-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0161703 FP