Amended # [illegible]

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

FILED
Jun 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000031944

1. Corporation Name
JOHN FOSTER, INC.

Principal Place of Business
2280 Bee Branch Lake Drive
LaBelle, Florida 33935

Mailing Address
2280 Bee Branch Lake Drive
LaBelle, Florida 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/29/93

2. Principal Place of Business
21 379 Hickpochee Ave
22 Suite, Apt. #, etc
23 City & State: LaBelle, Florida
24 Zip: 33935 25 Country: USA

2a. Mailing Address
26 P.O. Box 2893
27 Suite, Apt. #, etc.
28 City & State: LaBelle, Florida
29 Zip: 33975 30 Country: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Owen L. Luckey, Jr.
722 Trader Road
Labelle, Florida 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
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 D NAME STREET ADDRESS CITY-ST-ZIP	John Foster 2280 Bee Branch Lakes Drive LaBelle, Florida 33935 ☐ DELETE	11 TITLE D/P/T 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Jeremiah Miller 4014 Teak Lane LaBelle, Florida 33935 ☐ Change ☒ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Rosetta Foster 2280 Bee Branch Lakes Drive LaBelle, Florida 33935 ☒ DELETE	21 TITLE D/S 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Tracey Miller 4014 Teak Lane LaBelle, Florida 33935 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ 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 200003743122 -06/29/98-01002-001 ****61.25

JS 6.26

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 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: Jeremiah Miller/Director June 22,1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/97)