

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

Amended

10125

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
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DOCUMENT # P93000031944

1. Corporation Name

JOHN FOSTER, INC.

Principal Place of Business

Mailing Address

2280 Bee Branch Lake Drive 2280 Bee Branch Lake Drive
LaBelle, Florida 33935 LaBelle, Florida 33935

DO NOT WRITE IN THIS SPACE

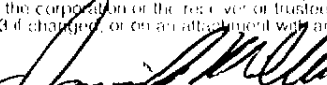
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	379 Hickpochee Ave	26	P.O. Box 2893	4/29/93	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22				65-0410682	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	LaBelle, Florida	LaBelle, Florida		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Zip 33935	25	Country USA	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				10. Name and Address of New Registered Agent	
Owen L. Luckey, Jr. 722 Trader Road LaBelle, Florida 33935				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 agent and 50% if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	John Foster ☐ DELETE	1.1 TITLE D/P/T	☐ Change ☒ Addition
NAME	2280 Bee Branch Lakes Drive	1.2 NAME	Jeremiah Miller
STREET ADDRESS	LaBelle, Florida 33935	1.3 STREET ADDRESS	4014 Teak Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LaBelle, Florida 33935
TITLE D	Rosetta Foster ☒ DELETE	2.1 TITLE D/S	☐ Change ☒ Addition
NAME	2280 Bee Branch Lakes Drive	2.2 NAME	Tracey Miller
STREET ADDRESS	LaBelle, Florida 33935	2.3 STREET ADDRESS	4014 Teak Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LaBelle, Florida 33935
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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

CR2E034 (10/97)