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

FLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 AUG -5 AM 9: 14 P93000047374 (2) DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA FANCY PANTS HAULING, INC. Mailing Address Principal Place of Business 2107 NEW BERLIN RD 2107 NEW BERLIN RD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3191906 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the ourrent year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** GILDER, DOROTHY 2107 NEW BERLIN RD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 83 84 City Zip Code 85 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSD DELETE Change ___ Addition TITLE 1.1 TITLE GILDER, DOROTHY CRZEG34 1.2 NAME NAME 000002610**9**70--2 -08/07/98--01090--001 2107 NEW BERLIN RD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ****150.00 **经******650**.0**6dition TITLE 2.1 TITLE SALTS, ELAINE NAME 2.2 NAME 2107 NEW BERLIN RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-\$1-2IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS 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 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME 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 1 9.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 or an attachment with an address.

1/22/98 (900)252 2006