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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90186 014 ***150.00

DOCUMENT # P9300056377 1. Corporation Name AUBURN, INC. Principal Place of Business Mailing Address 7081 PROSPECT ROAD 7081 PROSPECT ROAD SARASOTA FL 34243 SARASOTA FL 34243 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/09/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0424390 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CABLISH, HOMER (P.O. Box Number is Not Acc CERTEZ ROAD 82 4301 32ND STREET WEST CERTEZ SUITE D-5 83 **BRADENTON FL 34205** Zip Code 34210 84 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE 1.1 TITLE Change Addition TITLE HUBER, HAGAN H 12 NAME NAME in the state of the 7081 PROSPECT ROAD 1.3 STREET ADDRESS STREET ADDRESS 143 SARASOTA FL 34243 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 accurage 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 of 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 94/-754-0888 Daytime Phone #

CR2E034 (11/98)