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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000082495 (1)

Mailing Address
P.O. BOX 16469 JACKSONVILLE FL 32224 US
2a. Mailing Address
F-7
Suite Apt # etc
26 Suite, Apt. #, etc.

FILED May 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1993 4. FEI Number Applied For 59-3212699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COGGIN. LUTHER W 4306 PABLO OAKS COURT Street Address (P.O. Box Number is Not Acceptable) 82 JACK**S**ONVILLE FL 32224 83 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 familiar 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 11 TITLE Change : TITLE COGGIN, LUTHER W NAME 1.2 NAME 4306 PABLO OAKS COURT 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MARLETTE, LINDA NAME 2.2 NAME 4306 Pablo Oaks Court STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CAY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE 3.1 THEF Change TITLE **GALLAGHER, WILMA S** NAME 3.2 NAME 4306 PABLO OAKS COURT STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 3.4. CITY-ST-2IP CITY-ST-ZIP TITLE DELETE 4.1 THLE ☐ Change Addition **NOBLE. NANCY D** 4. 2 NAME NAME 4306 PABLO OAKS COURT STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE DIP **V** Change Addition TITLE 5.1 TITLE C.B. TOMM NAME 5.2 NAME 4306 PABLO OAKS COURT STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7IP

14. Thereby 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 glianged, or on an attachment with an address

Marladdo

C.4.116