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

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JAN 16 AM 9: 07 **DOCUMENT #** P94000012087 (0) SECRETARY OF STATE TALLAHASSEE, FLORIDA TJ'S CAMEO, INC. Principal Place of Business Mailing Address 5800 OVERSEAS HWY 10888 3RD AVE GULF UNIT 9. GULFSIDE VILLAGE UNIT 9. GULFSIDE VILLAGE MARATHON FL 33050 MARATHODN FL 33050 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 10888 65-0462848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 **GUTHRIE, JUDY** 5800 OVERSEAS HWY Street Address (P.O. Box Number is Not Acceptable) 82 UNIT 9. GULFSIDE VILLAGE ВЗ MARATHON FL 33050 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 title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DP DELETE Change Addition TITLE 1.1 1111.6 700002409637-- 5 **GUTHRIE, JUDY** NAME 1.2 NAME CR2E034 -01/23/98--01002--002 10888 3RD AVE GULF STREET ADDRESS 1.3 STREET ADDRESS ****150.00 ****150.00 **MARATHON FL 33050** CITY-ST-ZIP 1.4 CITY-ST-ZIE Change Addition DST DELETE 21 DHE TITLE ODOM, JERRY T NAME 2.2 NAME 10888 3RD AVE GULF STREET ADDRESS 2.3 STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP 2 4 CHTY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CiTY - ST - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 trustoe 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 order attachment with an address.

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