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

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000041781 (3) **B & J ASSOCIATES, INC.** Principal Place of Business Mailing Address 1403 ABIGAIL DR 1403 ABIGAIL DR APOPKA FL 32703 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1994 2a. Mailing Address 4, FEI Number 2. Principal Place of Business Applied For 59-3244481 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zio Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes □ Ño 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PAIGE, JOHN E 1403 ABIGAIL DR 82 Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trin if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change PAIGE, JOHN E NAME 1.2 NAME 1403 ABIGAIL DR STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 City - ST - ZiP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 5.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this fitting 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 attachmony of the naddress. John E Pare 4-27-98 SIGNATURE:

DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition