FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 994 0000 49659 ENTERPRISES, INC Principal Place of Business 495 BLANDING BLVD ORANGE PARK, FLORIDA 3. Date Incorporated or Qualified 3a. Date of Last Report 6-30-94 2a. Mailing Address Applied For 2. Principal Place of Business 495 BLANDING BLUD 495 BIANDING BIVD 65 DS033 10 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing City & State City & State \$5.00 May Be ORANGE PARK, FLORIDA Trust Fund Contribution 28 Added to Fees ORANGE PARK 8. This corporation has liability for intangible tax under s 199.032, USA Yes No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **ECHIARDT** Street Ad-Box Number is Not Acceptate BANDINA BAND 82 83 2073 32073 84 City ORANGE sions of Sections 60), 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or John, in the State of Elorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am put the obligations of Section 503,0506, Florida Statutes. 11. Parsuant to the pro registered agent miliar with, and a SIGNATU (NOTE: Registered Agent aignature required when reinstating) ered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE **LH301534** 1. 1 TITLE TITLE STEPHEN J. ECCHARDT CR2E034 1.2 NAME 495 BLANDING BIYD 1.3 STREET ADDRESS STREET ADDRESS OPANUE PK, PLOPIDA 32073 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 2 1 THTLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Change ■ Addition DELETE 5 1 TITLE THILE 52 NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP 800001845528 -05/31/96--01021--009 Addition DELETE 6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS ***233.75 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 office 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 enlanged, of on an attachment with enracidness. SIGNATURE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR