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

P94000051538 (4) DOCUMENT #

CHUCK EDSON OF FELDA. INC.

Principal Place of Business Mailing Address LOT 9, PALM & PINES PARK, HWY, 29 LOT 9. PALM & PINES PARK, HWY. 29 FELDA FL 33930 FELDA FL 33830

FILED Feb 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0507261 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zω Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name EDSON, CHARLES F LOT 9, PALM & PINES PARK, HWY. 29 82 Street Address (P.O. Box Number is Not Acceptable) **FELDA FL 33930** 83 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE ☐ Change ☐ Addition TITLE 1.1 TITLE EDSON, CHARLES F CRZE034 NAME 1.2 NAME LOT 9, PALM & PINES PARK, HWY. 29 STREET ADDRESS 1.3 STREET ADDRESS FELDA FL 33930 1.4 C(TY - ST - Z)P CITY-ST-ZIP ☐ Addition DELETE Change 2 1 TITLE EDSON, CHARLES F 2.2 NAME LOT 9, PALM & PINES PARK, HWY. 29 STREET ADDRESS 2.3 STREET ADDRESS **FELDA FL 33930** 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change ___ Addition TITLE 4.1 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-SY-ZIP

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 suppliemental 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 attachment with an address.

SIGNATURE:

2-8-98

941-675-0287