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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400083230 (0)

FILED Mar 09 1998 8:00am Secretary of State

SHARP LINE DESIGN & CONSTRUCTION, INC. Principal Place of Business Mailing Address 9924 FAIRWAY CIRCLE 9924 FAIRWAY CIRCLE LEESBURG FL 34788 LEESBURG FL 34788 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3283687 21 26 Not Applicable Suite. Ant. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 6. This corporation owes or has paid the current year intangible 25 Personal Property Tax due June 30. Yes ☐ No 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAYFORD, JAMES 9924 FAIRWAY CIRCLE Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34788 City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE Change Addition GRAYFORD, JAMES 1.2 NAME NAME 9924 FAIRWAY CIRCLE STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GRAYFORD, DEBORAH 2.2 NAME NAME 9924 FAIRWAY CIRCLE STREET ADDRESS 2.3 STREET ADDRESS LEESBURG FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SY-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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 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 attachment with an address.

SIGNATURE:

3/03/98

352-365-1281