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Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000094160 (6)**

1. Corporation Name
LONE STAR INVESTORS, INC.

Principal Place of Business	Mailing Address
8142 LONE STAR ROAD JACKSONVILLE FL 32211	1829 PARKCREST DRIVE JACKSONVILLE FL 32211 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1994

4. FEI Number: 59-3290793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 422 Overbrook Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32225 / Country 30

9. Name and Address of Current Registered Agent

STANTILL, HAROLD W.
~~1829 PARKCREST DRIVE~~ 422 Overbrook Dr.
~~SUITE 2301~~
JACKSONVILLE FL ~~32211~~ Jacksonville, FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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] (intended for Line 14) DATE: 1/27/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STANTILL, HAROLD N.		1.2 NAME		
STREET ADDRESS	1829 PARKCREST DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, WALTER A JR		2.2 NAME		
STREET ADDRESS	3724 BUCKSKIN TRAIL WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POPE, EDWARD B		3.2 NAME		
STREET ADDRESS	683 OLD MARSHALL HIGHWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ASHVILLE NC 28804		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEYMOUR, GERTRUDE		4.2 NAME		
STREET ADDRESS	1909 UNIVERSITY BLVD, SO, #501		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby 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: [signature] 2/7/98