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

DOCUMENT # P94000094313 (1)

S & J ASSOCIATES, INC.

Mailing Address Principal Place of Business 5690 SARAH AVENUE 5690 SARAH AVENUE SARASOTA FL 34233 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0542486 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOROSK, JOHN C 5690 SARAH AVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83

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.

City 84

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME DOROSK, SHEILA K 1.2 NAME 4742 MEADOW VIEW CIRCLE STREET ADORESS 1.3 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP 1.4 City-St-ZIP Addition DELETE Channe TITLE 21 TITLE DOROSK, JOHN C NAME 2.2 NAME 4742 MEADOW VIEW CIRCLE STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 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 TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

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 shanges for on an attachment with an address.

SIGNATURE: **STATUTE**

91/- 123-6557

4-24-18 941-923-6557

FILED

May 01 1998 8:00am

Secretary of State

Zip Code