FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

5040 SCAFF ROAD ST. AUGUSTINE FL 32092

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

ST. AUGUSTINE FL 32092

2. Principal Place of Business

Suite Apl # elc

City & State

5040 SCAFF ROAD

21

22

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017066 (8)

FASTRACK PLUS CONSTRUCTION, INC.

Country 8. This corporation owes or has paid the current year Intangible Zip Country 30 Personal Property Tax due June 30. ☐ Yes ☐ No 20 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DEGNAN, PAMELA G **5040 SCAFF ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32092 83 Zip Code 84 City 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) Signature, typed or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. DELETE Addition 1.1 TITLE TITLE DEGNAN, PAMELA G 1.2 NAME NAME 5040 SCAFF ROAD 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32092 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE DEGNAN, JAMES A III NAME 2.2 NAME **5040 SCAFF ROAD** STREET ADDRESS 2.3 STREET ADDRESS ST. AUGUSTINE FL 32092 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

4.4 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.

FILED

Mar 23 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

 \Box

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

03/01/1995

59-3299210

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4 FEI Number

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

(904) 8295248

Change

Change

Addition

Addition