2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P95000019570 Mar 30, 2005 08:00 AM Secretary of State 1. Entity Name NINETY EIGHTH STREET PROPERTY, INC. Principal Place of Business Mailing Address 3401 NW 98 ST GAINESVILLE FL 32606 5905 SW 36 WAY GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STETSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 5905 SW 36 WAY GAINESVILLE FL 32608 Zip Code 8. The above named entity-submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATUR typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE THILE Change Addition Delete NAME STERN, ROBERT NAME STREET ADDRESS STREET ADDRESS 537 NE 1ST ST GAINESVILLE FL 32601 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 111116 Change Addition STETSON, JOHN NAME NAME STREET ADDRESS 5905 SW 36 WAY STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CHY-SI-ZIP TITLE ☐ Delete Hitt Change Addition NAME 1/00/00/281175 STREET ADDRESS STREET ADDRESS 03/30/05-80051-003 150.00 CHY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE ☐ Delete Tritle Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Tilte Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CRY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOIS STETSON PRES-3/28/05-352-

address, with all other like empowered

changed, or on an attachment will