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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034643 (3)

MAURICE & LINDA SHOPE, INC.

Principal Place of Business Mailing Address % MAURICE SHOPE % MAURICE SHOPE RT. 3 BOX 128 RT. 3 BOX 128 MCCLENNY FL 32063 MCCLENNY FL 32063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1995 2. Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 26 59-33 13256 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHOPE, MAURICE RT 3 BOX 128 Street Address (P.O. Box Number is Not Acceptable) MCCLENNY FL 32063 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. __ DELET**e** Change Addition TITLE 1.1 TiTL€ SHOPE, MAURICE NAME **1.2 NAME RT 3 BOX 128** STREET ADDRESS 1.3 STREET ADDRESS MCCLENNY FL 32063 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition SHOPE, LINDA 2.2 NAME RT 3 BOX 128 STREET ADDRESS 2.3 STREET ADDRESS MCCLENNY FL 32063 CITY-ST-ZIP 2. 4 City-St-ZiP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE ☐ Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change TITLE ___ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

DIGNATURE Wille Sheet Loude Charles

Find 21/ 1000 011-150,3777

FILED

Feb 27 1998 8:00am

Secretary of State