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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Mar 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076923 (8)

GOLDEN FRIENDS, INC.

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP

Principal Place of Business Mailing Address 417 PROVIDENCE BOULEVARD 417 PROVIDENCE BOULEVARD **DELTONA FL 32725 DELTONA FL 32725** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3334764 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Ζip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRYANT, SHERELL 417 PROVIDENCE BOULEVARD 82 **DELTONA FL 32725** 83 84 Zip Code toNO 32.72 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 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. president Addition DELETE TITLE 1.1 TITLE Kenne BRYANT, SHERILL NAME 1.2 NAME essamine 2014 207 MARGARITA ROAD 1.3 STREET ADDRESS STREET ADDRESS DEBARY FL 32713 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE **VPS** 2.1 TITLE TITLE KENNEY, JOYCE 2.2 NAME William 2014 JESSAMINE COURT 2.3 STREET ADDRESS STREET ADDRESS Deltona fl 32738 2. 4 CITY-ST-ZIP CITY-ST-ZiP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 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 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

12-19V

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