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Amended: \$61.25

99 NOV -2 AN II: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Marris

Secretary of State

DIVISION OF CORPORATIONS

1999

1. Corporation Name

DOCUMENT # P95000081635

Principal Prace of Business Mailing Address A. JASON HOWALD INC A. JASON HOWALD. INC 8743 56 WAY N. 8743 56 WAY N. DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed /0/23/95 PINEILAS PARK, FL 33782 PINEILAS PARKIFL 33782 2 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3341338 Not Applicable Suite, Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Country Zip 25 30 □No 24 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JASON HOWALD 8743 56 WAY N. PINEHAS PARK FL 33782 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 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 rel ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PRESID DELETE TITLE 1.1 TITLE JASON HOWALD 1.2 NAME NAME 8743 56 WAY N. 8743 56 WAYN. 1.3 STREET ADDRESS STREET ADDRESS PINEILAS PARK, FL 33782 PINEUAS PARK, FL 33782 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 21 TITLE NAME 2.2 NAME 900003017249--9 | -10/18/99--01103--013 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CiTY+ST-ZIP *****35.00 *****35.00 OELETE TIFLE NAVE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP 900003017243-048 -11/04/99--01003--015 DELETE TITLE 4.1 TITLE 4.2 NAME NAME ****26.25 *****26.25 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C-TY-ST-ZIP DELETE. 5.1 TITLE Change Addition TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 4 1999 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 suppliemental 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, with all other like empowered.

SIGNATURE:

MOWALD

TASON HOWALD

TASON HOWALD

11/1/99

Daytime Phone #

CR2E034 (11/98)