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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 06 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS P95000088576 (0) DOCUMENT # CHAMPION HILLS, INC. Principal Place of Business Mailing Address 31622 US HIGHWAY 19 NORTH 31622 US HIGHWAY 19 NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3348654 Not Applicable 26 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 П 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year atangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **LEAHON, LAWRENCE P** 31622 US HIGHWAY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 83 City Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE D DELETE 1.1 TITLE ☐ Change ☐ Addition LEAHON, LAWRENCE P 1.2 NAME 31622 US HIGHWAY 19 NORTH STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition 2.1 TITLE DAVID DUNBAR 2.2 NAME 31622 US 19, N. STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of the receiver or routee 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

QUIRONUE P. LOGHAN SIGNATURE