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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091831 (4)

1. Corporation Name
~~HOLMBERG-BAGDONAS GROUP, INC.~~ N/C 2/27/98
BAGDONAS GROUP, INC.

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10290-3 PHILIP HWY SUITE 409 JACKSONVILLE FL 32256 US	10290-3 PHILIP HWY SUITE 409 JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified: 12/04/1995
4. FEI Number: 59-3349617 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLMBERG, PHILLIP L
8727 PHILLIPS HIGHWAY
SUITE 409
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

31 Name: Robert M. Morgan, Attorney at law
32 Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Boulevard
33
34 City: Jacksonville, FL
35 Zip Code: 32257

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 ________ 3-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	HOLMBERG, PHILLIP L	
STREET ADDRESS	10290-3 PHILIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	BAGDONAS, MICHAEL A	
STREET ADDRESS	10290-3 PHILIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, President, & Secretary	☒ Change ☐ Addition
1.2 NAME	Michael A. Bagdonas	
1.3 STREET ADDRESS	10290-3 Hhilips Hwy., Jax., F. 32256	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice-President, Treasurer	☒ Change ☐ Addition
2.2 NAME	Gloria E. Bagdonas	
2.3 STREET ADDRESS	4471 Carolyn Cove S.	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32258	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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CR2E034 (10/97)

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.

2-16-98