FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 .00

STREET ADDRESS

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

CITY - ST - ZIP

May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Morth Secretary of State ANNUAL REPORT Secretary of Stat DIVISION OF CORPOR IONS **19**98 P95000094824 (6) DOCUMENT # RETCOR, INC. Mailing Address Principal Place of Business 53 SAILFISH DRIVE 53 SAILFISH DRIVE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3347614 Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zφ Zip Country Co 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARRARD, O.J. III 6828 ST AUGUSTINE RD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 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 (NOTF Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE TINSLEY, CURTIS R 1.2 NAME NAME **53 SAILFISH DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **PONTE VEDRA BCH FL** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 1016 TINSLEY, TODD NAME 2.2 NAME 11459 MANDARIN GLEN CIRCLE STREET ADDRESS 2.3 STREET ADDRESS JACSKONSILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 3.1 THEF TINSLEY, SCOTT 3.2 NAME NAME 1230 PENMAN ROAD 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL 3.4. C/1Y - S1 - Z/P CITY-ST-ZIP DELETE Change Addition TITLE STD 4.1 TITLE NAME TINSLEY, ARLENE M 4. 2 NAME 53 SAILFISH DR STREET ADDRESS 4.3 STREET ADDRESS PONTE VEDRA BCH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE TINSLEY, RONALD E NAME 5.2 NAM8 53 SAILFISH DR 5 3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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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 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

FILED