

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

FILED
Mar 18 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000012957 (2)

1. Corporation Name

CAN-AM ENTERPRISES, INC.

Principal Place of Business

Mailing Address

601 ROSERY RD #2804
LARGO FL 34640

601 ROSERY RD #2804
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

59-3363041

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 8318 121 ST PLACE N | 26 8318 121 ST PLACE N |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State LARGO FL | 28 City & State LARGO FL |
| 24 Zip 33773 | 29 Zip 33773 |
| 25 Country USA | 30 Country USA |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGGE, DENNIS
601 ROSERY RD N.E.
APT. 2804
LARGO FL 33770

ADDRESS CHANGE
ONLY

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8318 121ST PLACE N

84 City LARGO

FL

85 Zip Code

33773

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

Dennis Legge

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Mar 12/98

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEGGE, DENNIS | 1.2 NAME | |
| STREET ADDRESS | 601 ROSERY RD #2804 | 1.3 STREET ADDRESS | 8318 121 ST PL. N. |
| CITY - ST - ZIP | LARGO FL 34640 | 1.4 CITY - ST - ZIP | LARGO FL 33773 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEGGE, BRENDA | 2.2 NAME | |
| STREET ADDRESS | 601 ROSERY RD #2804 | 2.3 STREET ADDRESS | 8318 121 ST PL. N. |
| CITY - ST - ZIP | LARGO FL 33770 | 2.4 CITY - ST - ZIP | LARGO FL 33773 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis Legge

Mar 12/98

CP2E034 (10/97)