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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000016479 (3)

DEKTEK, INC.

Principal Place of Business Mailing Address

FILED May 04 1998 8:00am Secretary of State



561 BLACKBEARD RD 561 BLACKBEARD RD LITTLE TORCH KEY FL 33042-5510 LITTLE TORCH KEY FL 33042-5510 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 164 INDIES DR. S. 164 INDIES DR. S. 65-0647980 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **HORAN & HORAN 608 WHITEHEAD ST** 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 85 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or ponted harne of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE **Change** 1.1 TITLE TITLE Keesee, DONALD KEESEE, DONALD 1.2 NAME 164 INDIES DRIS. 201 COUNTY RD #17 1.3 STREET ADDRESS STREET ADDRESS DUCK Key Fla. 33050 BIG PINE KEY FL 33043 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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: / Sun lot & Kus in DONALS & Reserve Maleil 98 855-854-4775