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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000045337 (8)**

1. Corporation Name
VINE & BRANCH, INC.

Principal Place of Business	Mailing Address
% MAHONEY ADAMS & CRISER 50 NORTH LAURA ST. 3400 BARNETT CENTER JACKSONVILLE FL 32202	% MAHONEY ADAMS & CRISER 50 NORTH LAURA ST. 3400 BARNETT CENTER JACKSONVILLE FL 32202-3664

2. Principal Place of Business	2a. Mailing Address
21 c/o John Difato	26 c/o John Difato
Suite, Apt. #, etc. 22 311 Marsh Point Circle	Suite, Apt. #, etc. 27 311 Marsh Point Circle
City & State 23 St Augustine, FL 32084	City & State 28 St. Augustine, FL
Zip / Country 24 32084 / 25 St Johns	Zip / Country 29 32084 / 30 St Johns

3. Date Incorporated or Qualified: 05/29/1996
3a. Date of Last Report:
4. FEI Number: 59-3379690 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAX CO.
% MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA ST..3400 BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: John J. Difato
82 Street Address (P.O. Box Number is Not Acceptable): 311 Marsh Point Circle
83
84 City: St. Augustine **FL** 85 Zip Code: 32084

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: John J Difato — John J Difato — D/T/P — 4-15-97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~HOWARD, C A~~ P.O. BOX 4099 JACKSONVILLE FL 32201 — ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change VOID
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D/T/P Difato, John J. 311 MARSH POINT CIRCLE St Augustine, FL 32084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition D/S Difato, Michael A. 605 Mulligan's Way St. Augustine, FL 32084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: John J Difato — John J Difato — 4-15-97 — 904-471-8851