SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. 198: 3550 (IF DISSOLMED, MINIMUM AMOUNT O, E TO RE AMOUNT DUE ON OR BE ETATE: \$750). FILED CORPOR ANNUAL REPORT 1998 99 NOV 29 AM 10: 26 DOCUMENT # PULLOTY SECRETARY OF STATE TALLAHASSEE. FLORIDA MR. D'S INC 1099-26446 Principal Flace of Business Mailing Address 402 Sunset 402 Sunset Plant City Fl Plant city F1 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 21 402 Sunset 402 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be 23 Plant City Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 USA ☐ Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent David J.Miles Street Address (P.O. Box Number is Not Acceptable) 402 Sunset Rd Plant city Fl 33566 84 City Zip Code 11. Porsum: 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNALUP: https://www.typedio.printed.name.of-registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (2/98) 12. □ DELETE 1.1 TITLE ☐ Change ☐ Addition PResident 4111 David Miles 1.2 NAME 1.25% 40% Sunset 13 STREET ADDRESS Steett Alineess Plant City Fl 1 4 City-ST-ZIP City\_St\_Za vice Presiden STACY MIRS 402 sunset Plant City F DELETE Change Addition 2.1 TITLE 101.6 2.2 NAME DAME 2 3 STREET ADDRESS 5399 LA 2005 5 2.4 CITY-ST-ZIP C 14 33 70 DELETE 3.1 TITLE 111, 1 NASS 3 2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE THE 4 2 NAME EAST. 300**003**064563----12/08/99--01058--008 43 STREET ADDRESS 116-14 1 m 44 CITY-ST-ZIP を表記○○□□Midition DELETE -1.4 5 1 TITLE 5 2 NAME 1,343. **53 STREET ADDRESS** SERVICE 5 4 CITY-ST-ZIP ■ DELETE Change Addition 61 TITLE 6.2 NAME 450 6.3 STREET ADDRESS The LA Section 6.4 CITY-ST-ZIP 14. The cuts 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 is deaded on its annual report or supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an other 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 By signature shall have the same legal effect as if made under oath, that I am an other 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 By signature shall have the same legal effect as if made under oath, that I am an other 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 By signature shall have the same legal effect as if made under oath, that I am an other 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 By signature shall have the same legal effect as if made under oath, that I am an output of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of th David J Miles SIGNATURE: