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

FILED Feb 19 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000050540 (9) PRAY ENTERPRISES, INC. Principal Place of Business Mailing Address 3733 UNIVERSITY BLVD W 3733 UNIVERSITY BLVD. W JACKSONVILLE FL 32217-3201 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3384077 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PRAY, LAURIE L 3733 UNIVERSITY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **"SUITE 213** JACKSONVILLE FL 32217-3201 83 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 every the change was found to the corporation of the corporation of directors. I hereby accept the appointment as registered agent. I am familiar with and every the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am PRESIDENT LAURIE L PRAY, SIGNATURE of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PVTS __ DELETE Change Addition TITLE 1.1 TITLE PRAY, LAURIE L 1.2 NAME NAME **CR2E034** 11674 VILLAGE LANE STREET ADDRESS 1.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition 4.1 TATLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1-11-98