FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000059180

1. Corporation Name
ROYAL ASSOCIATED ENTERPRISES, INCORPORATED

Principal Place of Business
TALLAHASSEE, FL

Mailing Address
3325 DARTMOOR CT.
~~1322 N. M.L. KING BLVD~~
TALLAHASSEE, FL 32303-12

3. Date Incorporated or Qualified: JULY 15, 1996
3a. Date of Last Report: —

2. Principal Place of Business
21 TALLAHASSEE, FL

2a. Mailing Address
26 3325 DARTMOOR CT.
~~1322 N. M.L. KING BLVD~~

4. FEI Number: 59-3389172
☐ Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

23 City & State: TALLAHASSEE, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 32312-1407
25 Country: LEON

29 Zip
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] R.H.
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	DIRECTOR ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LOGAN, ROYAL H., JR.	12 NAME	
STREET ADDRESS	3325 DARTMOOR CT	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312-1407	14 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LOGAN, FRANCES S.	22 NAME	
STREET ADDRESS	3325 DARTMOOR CT	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312-1407	24 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BLAKE, RONDA D.	32 NAME	
STREET ADDRESS	412 DUPONT DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	34 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HILTON, OLIVIA B.	42 NAME	500002101705--3
STREET ADDRESS	1693 BRIARGEND COURT	43 STREET ADDRESS	-02/28/97--01115--023
CITY-ST-ZIP	STONE MOUNTAIN, GA 30088	44 CITY-ST-ZIP	****173.75 ****173.75
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	R. Logan 2/28/97
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 2/28/97 (904) 224-9928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #