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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059534 (3)

PURSLEY ENTERPRISES, INC.

Principal Place of Business Mailing Address 1204 E NEW YORK AVE 1310 E NEW YORK AVE DELAND FL 32724 DELAND FL 32724 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3339978 26 21 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Yes Yes ☐ No 24 25 20 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PURSLEY, RONALD C 1204 E NEW YORK AVE Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32724** 83 R4 City 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, typed or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 1 TITLE PURSLEY, RONALD C NAME 1.2 NAME 1204 E NEW YORK AVE STREET ADDRESS 1.3 STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Addition PURSLEY, DIANE L NAME 22 NAME 1204 E NEW YORK AVE STREET ADDRESS 2.3 STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 of the receive or thysicon 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 for on an alternative with an adjects.

6.1 TITLE

6.2 NAME

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2

54 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

4/24/90

914-738-4114

Change

Addition

FILED

May 04 1998 8:00am

Secretary of State