FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

FILED May 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morti Secretary of State ANNUAL REPORT Secretary of Sta DIVISION OF CORPOR TIONS 1997 DOCUMENT # P96000072627 (8) JERRY HUNT LATHING INC. Principal Place of Business Mailing Address RT. 3. BOX 888-A12 RT, 3. BOX 888-A12 SATSUMA FL 32189 SATSUMA FL 32189 3. Date Incorporated or Qualified 3s. Date of Last Report 08/28/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3391342 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Zip C 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HALE. SHIRLEY 118 HIAWATHA COURT Street Address (P.O. Box Number is Not Acceptable) EAST PALATKA FL 32131 83 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 Fiorida. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE D DELETE 1.1 TITLE NAME **HUNT, JERRY** 1.2 NAME RT. 3, BOX 888-A12 1.3 STREET ADDRESS STREET ADDRESS SATSUMA FL 32189 1.4 City-St-ZiP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE Change TITLE HUNT, SINDY 2.2 NAME NAME RT. 3, BOX 888-A12 2.3 STREET ADDRESS STREET ADDRESS SATSUMA FL 32189 2 4 CITY-ST-ZIP CITY - \$1 - ZIF DELETE ☐ Change ___ Addition THE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIE 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-2IF DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP DITY-ST-ZiP DELETE 6.1 TITLE Change Addition MILE 6.2 NAME NAME

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

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

0513518