FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CORPORATION Sandra B. Mortham ANNUAL REPOR Secretary of State DIVISION OF CORPORATIONS 1998 500083060 98 JUL -9 AM 10: 21 DOCUMENT # Mailing Address Principal Place of Business 907 SE 3RD AVE OCALA PL 34471-3709 907 SE 3BD-AVE OCALA FL 34471-3709 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1997 2. Principal Place of Busin Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PALLEY, KEVIN ∕⁄c 907 SE 3RD AVE OCALA PL 34471-3709 62 Street Add 83 84 11. Pursuant to the provisions of Socious 687.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Lionida. Socious 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 objective 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TITLE Change TITLE 10sder NAME 1.2 NAME PALLEY, KEVIN 1.3 STREET ADDRESS STREET ADDRESS **907 SE 3RD AVE** 1.4 CITY-ST-ZIP OCALA FL 34471-3709 CITY-ST-ZIP DELETE TITLE 21 TITLE NAME KIRKWOOD, CLAIR 2.2 NAME STREET ADDRESS **2005 SE 32ND LANE** 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP OCALA FL 34471-6106 CITY-ST-ZIP Addition DEPETE Change TITLE 31 TITLE NAME 3.2 NAME **BOSTICK**, DORIS **4000025,35,4514**-- 8 STREET ADDRESS 523/NW/25TH ST 3.3 STREET ADDRESS CITY-ST-ZIP **OC**ALA FL 34475 3.4. CITY-ST-ZIP \*\*\*\*150.00 ice Bruchi DELETE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP mele Bruchu Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 principles for the corporation or that recovered to the corporation or that recovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, goin an appear in the corporation of the corp

SIGNATURE: