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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600083266 (2)

CLAPBOARD CREEK INCORPORATED

Principal Place of Business Mailing Address 6233 HECKSHER DRIVE 6233 HECKSHER DRIVE JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3405696 Not Applicable 21 26 Sulte, 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 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ No 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SAFREED, ROBERT J **6233 HECKSHER DRIVE** Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32226 83 84 Zip Code City 85 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 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. Addition DELETE Change TITLE 1.1 TITLE **SAFREED, ROBERT J** NAME 12 NAME 6233 HECKSHER DRIVE 13 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ Change DELETE **Addition** 21 TITLE TITLE **SAFREED, KATHLEEN** NAME 2.2 NAME **6233 HECKSHER DRIVE** 23 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE **Addition** Change 31 TITLE TITLE **SAFREED, BRADLEY** 32 NAME NAME 6233 HECKSHER DRIVE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP 3 4. CITY - ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME

64 CITY - ST- ZIP CITY-ST-ZIP 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 suppliemental 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.

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - \$1 - ZIP

61 1111 6

6.2 NAME

DELETE

904

☐ Addition

FILED

Apr 24 1998 8:00am

Secretary of State