FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **▼** PROFIT May 17, 1999 8:00 am FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 05-17-1999 90009 028 ***150.00 **DOCUMENT #** 1. Corporation Name Durden Enterprises, Inc Twin Towers Deli Mailing Address Principal Place of Business 2600 Blairstone St. DO NOT WRITE IN THIS SPACE 32301 3. Date Incorporated or Qualifed TLH, FL 12-10-9 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 26 1717 Apolochee Pkm 2600 Blairstone St Not Applicable Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Tallahassee, Fl TLH 28 Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible USA □No 25 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Kenneth Durden 1717 Apalachee Pkwy #406 82 Street Address (P.O. Box Number is Not Acceptable) 83 Tallahassee, FL 32301 84 85 Zip Code City 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. 4-30-99 SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 emetric. Durden Addition ☐ Change ☐ DELETE 1.1 TITLE VΡ 1.2 NAME Apalacher PKWy. # 406 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change Addition 2.1 TITLE in Apalachee Pkwy, #406 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE Change 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12.

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

address with all other like empowered.

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 or an attachment with an address, with all other like empowered.