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

Jun 23 1998 8:00am PROFIT LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P96000099233 (4) M.L.B. ENTERPRISES, INC. Principal Place of Business Mailing Address 21331 CANAL DRIVE 21331 CANAL DRIVE **BROOKSVILLE FL 34601** BROOKSVILLE FL 34601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ No 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEBLANC-BROGAN, MICHELLEANN 21331 CANAL DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34601** 83 84 City 85 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 Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DETETE Change Addition THILE 111006 NAME LEBLANC-BROGAN, MICHELLEANN 1.2 NAME 21331 CANAL DRIVE 1.3 STREET ADDRESS STREFT ADDRESS **BROOKSVILLE FL 34601** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 2.1 THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE Change Addition SIDILE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CHY- \$1 - 7IP CITY ST-ZIP TITLE DELETE 4.1 11111 Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 Title TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS

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 answell report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 abachment with an address.

5.4 CHY-S1-7IP

6.3 STREET ADDRESS

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6.2 NAME

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