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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100309 (9)

SILVER THREADS, INC.

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 265 P.O. BOX 265 MCALPIN FL 32062 MCALPIN FL 32062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3416170 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FLANIGAN, MARY LOU 16256 93RD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 ВЭ 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 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed hanno of registered agent and title if applicable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE Change 11 TITLE FLANIGAN, MARY LOU NAME 1.2 NAME 16256 93RD DRIVE STREET ADDRESS 1.3 STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP Change DELETE Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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.