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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000000897 (3) **DOCUMENT #**

SITE SYSTEMS, INC.

1202 CARR STREET

PALATKA FL 32177

- 阿里斯 18 日本電子

Secretary of State

FILED

Apr 01 1998 8:00am

Principal Place of Business Mailing Address 1202 CARR STREET 1202 CARR STREET PALATKA FL 32177 PALATKA FL 32177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3439461 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name MATHEWS, RANDALL &

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 Statu 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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change MATHEWS, RANDALL NAME 1.2 NAME 1202 CARR ST. 1.3 STREET ADDRESS STREET ADDRESS PALATKA FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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 coporation 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.

SIGNATURE:

CITY-ST-ZIP

2-29-98

Street Address (P.O. Box Number is Not Acceptable)

90K-325-7578

85

Zip Code