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PROFIT CORPORATION ANNUAL REPORT

1998



LUCRIDA DEPARTMENT OF STATE

Sandra B. Mostham 🥜

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002007 (7)

APPRAISALS BY THE C. INC.

FILED Jun 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 343 VARELLA AVENUE 343 VARELLA AVENUE ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year latangible Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VARNEY, CHARLES Name 343 VARELLA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32095 83 84 City 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 rainstating) Signature, typical or pentist manic of registions harpout and tice if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ___ Addition TITLE 1.1 TITLE Change VARNEY, CHARLES NAME 1.2 NAME 343 VARELLA AVENUE STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL 32095 CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Addition Change TITLE 2.1 1/ILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP 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 eath; that I am an officer or director of the contration 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 altractment with an address.

Thereby Contraction

**Thereby C