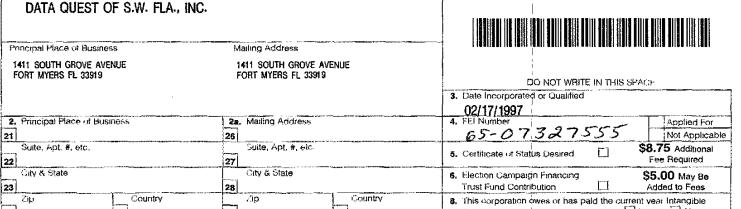
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # P97000016663 (1) FILORIDA DEPARTMENT OF STATE Sandra B. Mortham Seitzetary of State DIVISION OF CORPORATIONS Settle DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State



MATTINGLY, DANNY L

1411 SOUTH GROVE AVENUE

FORT MYERS FL 33919

82 Street Address (P.O. 83)

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9. Name and Address of Current Registered Agent

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		Personal	Property Lax due Ji	une 30. L.J	res L! No							
10. Name and Address of New Registered Agent												
	81	Name										
	ļ											
	82	Street Address (P.O. Box Number is Not Acceptable)										
	83	1	1									
			·	····								
	84	City		,-, l	85 Zip Code							
			1	Viene EE 1	1							

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-rained 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 taxiliter with, and accept the obligations of, Section 607.0505, Florida Statutes.

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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 tagnifier with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, types or posted name of registered agegy of title if appl	nahis (Na) E-	registered Agent signature	recitired when reinstalling	1/20/	98					
12.	OFFICERS AND DIRECTOR	The state of the s	13.		NGES TO OFFICERS AND	DIRECTOR	S IN 12				
TITLE	D	DELETE	1.1 TITLE	A control of the cont	1	Change	Addition				
NAME	MATTINGLY, DANNY L E.A.		1,2 NAME		1]				
STREET ADDRESS	1411 SOUTH GROVE AVENUE		1.3 STREET ADDRESS								
CITY-SY-ZIP	FORT MYERS FL 33919		1.4 CITY-\$1-7IP								
TITLE		DELETE	2.1 TITLE			Change	Addition				
NAME			2.2 NAME		:		i				
STREET ADDRESS			2.3 STREET ADDRESS				ſ				
GHY-ST-ZIP			2.4 CITY-51-ZIP								
TITLE		DELETÉ	31 TITLE			Change	Addition				
NAME			32 NAME		1		•				
STREET AUDRESS			3.3 STREET ADDRESS		i		J				
CITY-ST-ZIP			34 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·					
TITLE		DELETÉ	4.1 TITLE			Change	Addition				
NAME			4. 2 NAME				1				
STREET ADDRESS			4.3 STREET ADDRESS								
CITY - ST - ZIP			44 CITY-ST-ZIP			**************************************					
TITLE		DELETE	5.1 TITLE			Change	Addition				
NAME			5.2 NAME								
STREET ADDRESS			5.3 STHEET ADDRESS				}				
CITY-ST-ZIP			5.4 CITY-\$1-ZIP			70.00					
HILE		DELETE	6.1 TMLE			Change	Addition				
NAME			6,2 NAME		1						
STREET ADDRESS			6,3 STREET ADDRESS								
· · · · · · · · · · · · · · · · · · ·			94		t contract to the contract to						

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutes, I further certify that the information indicated on this armual 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 on an attachment with an address

SIGNATURE:

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Day Kittely 11HE

1/20/18

941-275-3616