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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90047 048 ***150.00

DOCUMENT # P97000023180

1. Corporation Name
J & S LURES, INC.

Principal Place of Business	Mailing Address
MILLER, ALLEN L 2087 SARNO RD. STE A MELBOURNE FL 32935 US	2087 SARNO RD STE A MELBOURNE FL 32935 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 914 Shadick Dr. Suite, Apt. #, etc. 22 Suite C City & State 23 Orange City FL Zip 24 32763-6600 Country 25 USA	2a. Mailing Address 26 914 Shadick Dr. Suite, Apt. #, etc. 27 Suite C City & State 28 Orange City FL Zip 29 32763- Country 30

3. Date Incorporated or Qualified: 03/03/1997

4. FEI Number: 59-3447719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fee

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, ALLEN L 2087 SARNO RD STE A MELBOURNE FL 32935	81 Name: Linda J. Wilson 82 Street Address (P.O. Box Number is Not Acceptable): 914 Shadick Dr 83 Suite C 84 City: Orange City FL 85 Zip Code: 32763

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: [signature] Linda J. Wilson 04-29-99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	President / Director ☐ Change ☒ Addition
NAME	EVERS, CHARLES K	1.2 NAME	Michael H. Davis
STREET ADDRESS	2087 SARNO RD STE A	1.3 STREET ADDRESS	1025 Orange Camp Rd.
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	DeLand FL 32724-7914
TITLE	☐ DELETE	2.1 TITLE	Vice President / Director ☐ Change ☒ Addition
NAME		2.2 NAME	Gary Wayne Evens
STREET ADDRESS		2.3 STREET ADDRESS	244 W. University Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orange City FL 32763
TITLE	☐ DELETE	3.1 TITLE	Secretary / Treasurer ☐ Change ☒ Addition
NAME		3.2 NAME	Linda J. Wilson
STREET ADDRESS		3.3 STREET ADDRESS	1189 E. Page Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Deltona FL 327
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: [signature] Michael H. Davis 04-29-99 (904)775-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #