SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000026526 (8) LEE JONES AND ASSOCIATES P.A. Principal Place of Business Mailing Address 112 WEST ADAMS ST 112 WEST ADAMS ST #902 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 03/19/1997 2. Principal Place of Business 2a. Mailing Address 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible 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 JONES, LEE N 12641 MISSION HILLS CIRC SOUTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32225 83 84 City

FILED Jul 27 1998 8:00am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

CR2E034 (5/98)

Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition JONES, LEE N NAME 1.2 NAME 12841 MISSION HILLS CIR S STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 21 TITLE DELETE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 2<u>0</u>00026034**6**2°° NAME 5.2 NAME **-07**/31/38--01007--**03**5 STREET ADDRESS 53 STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 61 TITLE DELETE 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 and ual 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 opporation 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.

LEE JONES
AND ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
112 W. ADAMS STREET #902
JACKSONVILLE, FLORIDA 32202
(904) 355-2115

July 13, 1998

Divisions of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302

Annual Report Filing:

We never received the first notice to file our annual report. We are including a check for our fee less the penalty. If you have any questions please give us a call.

Sincerely,

Lee N. Jones, CPA