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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028156 (2)

STURGEON CREEK INVESTMENTS, INC.

Principal Place of Business Mailing Address 315 SE 23RD AVENUE 315 SE 23RD AVENUE

FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33082 POMPANO BEACH FL 33062 3. Date incorporated or Qualified 03/24/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 315 SE 2321 232 AVENVE 315 SE AVENUE ✓ Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing POMPANO BERCH BEACH FL Pompaso Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible V5A U5A 33062 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JACOBSON, RICHARD A 501 E KENNEDY BLVD Street Address (P.O. Box Number is Not Acceptable) R2 **SUITE 1700** 83 TAMPA FL 33602 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 pointed name of registered agents and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE Change Addition TITLE 1.1 TITLE BARNFATHER, FRASER NAME 1.2 NAME 315 SE 23RD AVE, #5 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TOTLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 6.4 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 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 corp tration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an altaniment with an address? (954)

SIGNATURE:

783-42*9*9