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

CITY-ST-ZIP

FILED PROFIT Feb 03 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** P97000030336 (6) DOCUMENT # LSJ ENTERPRISES, INC. Principal Place of Business Mailing Address 2635 YOUNGS ROAD 2635 YOUNGS ROAD LEESBURG FL 34748 LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3450764 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Ζłρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Y Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED Jugle E. Smith III 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)
2635 Youngs Road 82 **CORAL GABLES FL 33134** 83 84 City Zip Code 34748 Leesburg 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 Pigida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am if miliar with, and accept the obligations of, Section 607.0505. Florida Statutes. **SIGNATURE** NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELET**e** 1.1 TITLE Change Addition NAME SMITH, JUGLE E III 1.2 NAME 2635 YOUNGS ROAD STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE VD 2.1 TITLE O'FARRELL, SHARON L' NAME 2.2 NAME 2635 YOUNGS ROAD STREET ADDRESS 2.3 STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE STD ☐ Change Addition 3.1 TITLE YOUNG, L A NAME 3.2 NAME 2635 YOUNGS ROAD STREET ADDRESS 3.3 STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 DITE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1-27-91

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.

Jug a E Smith