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

FILED PROFIT May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9700036186 (9) **NOVATKA ENTERPRISES, INC.** Principal Place of Business Mailing Address 2005 TINOSA CIRCLE 2665 TINOSA CIRCLE PENSACOLA FL 32526 PENSACOLA FL 32526 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-34390W 3826 Navy Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Pensaco1 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NOVATKA, MARK J Name 2665 TINOSA CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32526 83 City 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. (NOTE Registered Agent signature require typed or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE 1.1 TITLE Change Addition TITLE novatka, mark j 1.2 NAME NAME CRZE034 2665 TINOSA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

J. Novatka SIGNATURE:

62 NAME

6.3 STREET ADDRESS 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 eath; 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 13 if changed, or on an attachment with an address.

NAME

STREET ADDRESS