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

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P97000043573 (9) JAMAT REALTY, INC. Principal Place of Business Mailing Address 707 S WASHINGTON BLVD SARASOTA FL 34236 707 S WASHINGTON BLVD SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0782125 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, LEONARD H 37837 MERIDIAN AVE, SUITE 314 Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33525 83 City Zip Code 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 famillar 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition **BUCHANAN, VERNON G** HAME 1.2 NAME 707 S WASHINGTON BLVD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 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 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 franged or on an adactment with an address

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

VELLEN 6. BUCHANAN 4.3098 941-916-5230

Change

Addition