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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMEN OF STATE

Secretary of S

DIVISION OF CORPO RATIONS

DOCUMENT #
1. Corporation Name P97000048214 (5)

AARON THOMAS COLLECTION, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 357 8TH AVE. W 357 6TH AVE. W BRADENTON FL 84205 **BRADENTON FL 34205** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26, Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes ☐ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HORNYAK, VERA 357 6TH AVE, W Street Address (P.O. Box Number is Not Acceptable) 82 **BRADENTON FL 34205** 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change Addition TITLE 111111 **GOODING, THOMAS L** NAME 12 NAME **10303 PALMBROOKE TERRACE** STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.11HTLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME T ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 THILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DELETE Addition 61TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 nuel 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 the corporation or the receiver or trustee emprived to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the chapter on an attachment with an address.

4/13/98