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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049179 (9)

FILED
May 12 1998 8:00am
Secretary of State

		CATIONS, INC.	JU49 1 7 8	(9)				
Principal Place	o of Busines	<u> </u>	Mailing Addres					
Principal Place of Business 110 PINETREE DRIVE			110 PINETREE DRIVE					
GULF BREEZE			GULF BREEZE FL 32561					
							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 06/02/1997	
2. Principal P	lace of Busin	ness	2a. Mailing Address				4. FEI Number Applied For	\Box
21			26				59-3448569 Not Applicab	e
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	ı
City & State	Ð		City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	_[
Zip			— ' —		Country		8. This corporation owes or has paid the current year Intangible	-
24	25 29 30 9. Name and Address of Current Registered Agent			30]		Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent	4	
011			it negistered Agent		81	Name	10. Name and Address of New Registered Agent	\dashv
		HARD M JR.			["			
110 PINETREE DRIVE GULF BREEZE FL 32561					62	Street Add	dress (P.O. Box Number is Not Acceptable)	İ
				83				7
						City	FL 85 Zip Code	1
11. Pursuant	to the provis	ions of Sections 607.050	2 and 607,1508, Flo	rida Statuter	s, the above	-named cor		╗
office or r	egistered ac	ent, or both, in the State	of Floringa Such cha	inge was au	thorized by	the corpora	rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	-
•	Zen	lord M. Out	SOCION OF	7.0000; 1101	ida Glaldies		4/28/98	
SIGNATURE	Signature, typed	or printed name of registered as	nt applicable	(NOTE	Registered Age	nt signature requ	uired when reinstating) DATE	١
12.		OFFICERS ANI			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\exists $
TITLE	OLITZEN BICHARD M. ID			☐ DELETE		İ	Change Addition	n
NAME	44A DINIETOCE DONE		i i		1.2 NAME			- 3
OINE PRESE DI 90501				1.3 STREET			ļ	
CITY-ST-ZIP	D	NEEZE FL 32301		DELETE	1.4 CITY-S	t - ZIP	Change Addition	}
TITLE	_	I, CATHRYN C	: ب	DELETE	2.1 TITLE	İ	Change Addition	יו וי
NAME		ETREE DRIVE			2 2 NAME			
	ALE POCCOC DI GOSAL				2.3 STREET			
CITY-ST-ZIP TITLE		TELECT I GOVOT		DELETE	2. 4 CITY - S 3.1 TITLE	1 - ZIP	Change Addition	<u></u>
NAME			٠.		3.2 NAME		E Onnigo E Patrici	
STREET ADORESS					3.3 STREET	ADDRESS		ļ
CITY-ST-ZIP					3.4. CITY-S	1		- [
TITLE				DELETE	4.1 TITLE	1-4"	☐ Change ☐ Addition	'n
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREET	ADDRESS		- [
CITY-ST-ZIP					4.4 CITY-S	- 1		
TITLE				DELETE	5.1 TITLE		Change Additio	n
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET	ADDRESS		
CITY-ST-Z#P					54 CITY-S	1-2IP		
TITLE				DELETE	61 TITLE		☐ Change ☐ Additio	n
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREET	address		
CITY-ST-ZIP					6.4 CITY - ST	r-ziP		

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.

SIGNATURE.

Brokens luter

Richard Outres .

4/1/18

850-934-9KG