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

FILED
Sep 16 1998 8:00am
Secretary of State

PROFIT CORPORATION
AMENDED ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056385

1. Corporation Name

ALLIGATOR POINT ENTERPRISES, INC.

AMENDMENT

Principal Place of Business	Mailing Address
506 Bear Road Lake Placid, FL 33852	506 Bear Road Lake Placid, FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/2/97

2. Principal Place of Business 21 1648 Alligator Drive Suite, Apt. #, etc. 22 City & State 23 Alligator Point, FL Zip 24 32346 Country 25 Franklin	2a. Mailing Address 26 1648 Alligator Drive Suite, Apt. #, etc. 27 City & State 28 Alligator Point, FL Zip 29 32346 Country 30 Franklin

4. FEI Number: 59-3517074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jack M. Clark 506 Bear Road Lake Placid, FL 33852-2525	81 Name: M. Julian Proctor, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 227 South Calhoun Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: M. Julian Proctor DATE: 8/28/98
Signature of New Registered Agent, if changed, or of Current Registered Agent, if not changed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Sole Director Jack M. Clark 506 Bear Road Lake Placid, FL 33852 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President/Director Richard C. Blake 824 Sanga Creek Road Cordova, TN 38018 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice-Pres. Lillian Blake 824 Sanga Creek Road Cordova, TN 38018 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

300002643083
-09/18/98--01039--021
***61.25

pe 9/16

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 attached sheet, with any address.

SIGNATURE: R. C. Blake 8-28-98 850 349-2571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)