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

FILED May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000064393 (6) JOHN J. REAVES, SR. INVESTMENTS, INC. Principal Place of Business Mailing Address P O BOX 3995 P O BOX 3995 JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified. 07/23/1997 2. Principal Place of Business 2s, Mailing Address 4, FEI Number Applied For 59-3462 842 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COLD. KATHLEEN H 1 INDEPENDENT DRIVE, SUITE 2301 62 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agent algrature required whe Signature, typed or punied name of trigistered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE REAVES, JOHN J SR NAME 1.2 NAME P O BOX 3995 N/A STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32206 CITY-ST-ZIP 1.4 CITY - ST-ZIP Addition TITLE DELETE 2.1 TITLE Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not provide for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

4-10.98

(104) 354. 8201

Change

Addition