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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION

P97000066965

FRESHFIELDS OF KANAPAHA; ING:

FILED Feb 23 1998 8:00am Secretary of State



Prairie Donce Principal Place of Business 3501 SW 2ND AVENUE 3501 SW 2ND AVENUE **SUITE 2500 SUITE 2500** GAINESVILLE FL 32607 **GAINESVILLE FL 32607** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. ΠNo 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ·LATOUR & SIDLOSGA, P.A. 81 LATOUR 3501 8W 2ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2500** 83 **GAINESVILLE FL 32607** 84 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. SIGNATUR printed name of registers (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change ☐ Addition LATOUR, LEAH NAME 1.2 NAME 8005 SW 105 AVE. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ TITLE Addition 2.1 TITLE Change LATOUR, JOSE E NAME 2.2 NAME 8005 SW 105 AVE. STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition 000002438540 -02/24/98--01008--013 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY - ST - 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. Dη