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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075220 (8)

THE STRAVIN CORPORATION

#6 U.S. HIGHWAY 98

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address HC-03. BOX 125-B MEXICO BEACH FL 32410 PORT ST. JOE FL 32456 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3473176 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be X 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STUBBS, MARY PAT #6 U.S. HIGHWAY 98 82 Street Address (P.O. Box Number is Not Acceptable) MEXICO BEACH FL 32410 83 84 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, typed or printed name of registered agent and title it appealable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change X Addition Mary Pati Stubbes # 6 U.S. Highway 98 NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS Mexico Beach, FL. 32410 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change X Addition NAME 2.2 NAME office 5. Williams STREET ADDRESS 2.3 STREET ADDRESS 4341 Second avenue CITY-ST-ZIP 2.4 CITY-ST-ZIP Marianna, Se. 32446 DELETE Change Addition TITLE. 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change Addition TITLE 41 TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition 51 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-21P 5 4 City-St-ZiP DELETE TITLE 61 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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

(250)648-8168