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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075394 (1)

J. W. EDENS & COMPANY, INC.

Principal Place of Business Mailing Address 750 COUNTRY CLUB DRIVE CORRECTED 758 COUNTRY CLUB DRIVE 760 COUTH HOPKING AVE. TITUSVILLE FL 32780 700 SOUTH HOPKINS AVE SOUBLE BOILE DO NOT WRITE IN THIS SPACE TITUSVILLE FL 82780 3. Date Incorporated or Qualified 08/26/1997 2a. Mailing Address 26 P.O. Box 278 2. Principal Place of Business Applied For 59-3464947 158 Country Club Drive Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Titusville. Titusville Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Brevard Brevard Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EDENS, JW 758 COUNTRY CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 TITUSVILLE FL 32780 83 B4 City 85 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. SIGNATURE Signature, typed or printed has a of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE ☐ Change Addition EDENS, J W NAME 1.2 NAME 758 COUNTRY CLUB DRIVE STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP 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 DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$T - ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 frue 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 previous or nusteed 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, of on in American with an accuracy. DINAUDE Edens 4/10/98 409-283-4554

FILED

Apr 15 1998 8:00am

Secretary of State