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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000080604 (6)

HAVEN HOUSE, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3446 PERCH DRIVE 3446 PERCH DRIVE JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1997 2. Principal Place of Business 2s. Mailing Address Applied For 52-2095622 21 26 Not Applicable Suite, Apt. #, etc. \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRADBERRY, BENTON L 7301 MERRILL ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32277 83 84 City 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** Signalure, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TITLE DELETE 1.1 TITLE Change BRADBERRY, MARIYA I E034 (NAME 1.2 NAME 3446 PERCH DRIVE STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32277 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 21 THE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TiTLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - ST - 7(P Addition DELETE TITLE 5.1 TITLE ☐ Change HAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 64 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.

M. Bradberry MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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