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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000088349 (0)

DANCOCK, INC.

Principal Place of Business 4421 TAMI LANE Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



442! TAMI LANE 4421 TAMI LANE KISSIMMEE FL 34746 KISSIMMEE FL 34746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For P.O. Box 490 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be Election Campaign Financing INTERCESSION C: 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RITCH, JOHN B 100 CHURCH STREET 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 83 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition DANIĒLS, JIMMY R NAME 1.2 NAME 1836 DANIELS ST STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE Change 2.1 TITLE HANCOCK, PAULETTE X NAME 2.2 NAME 1621 CHARITY ST STREET ADDRESS 2.3 STREET ADDRESS INTERCESSION CITY FL 33848 CITY-SI-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE HANCOCK, TOMMY NAME 3.2 NAME 3455 FORREST DR STREET ADDRESS 3.3 STREET ADDRESS KISSIMMEEE FL 34746 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$T - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 at 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.

SIGNATURE: Tavlette Handock Carp Secretary 9/30/9

CR2E034 (10/97)