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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

DOCUMENT # P97000088971 (1) VIC PREVATT INC. Principal Place of Business Mailing Address 5791 STALEY RD. 5791 STALEY RD. FT. MYERS FL 33905 FT. MYERS FL 33905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For -0791907 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 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 Added to Fees Country Ζìρ Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PREVATT, LENORA 5791 STALEY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33905-2525 83 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE NAME PREVATT, LENORA 1.2 NAME E034 5791 STALEY RD. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33905 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE X Addition TITLE 2.1 TITLE VICE/PRES Change VICTOR PREVATT NAME **2.2 NAME** 5791 STALEY ROAD 2.3 STREET ADDRESS STREET ADDRESS FT.MYERS, FL 33905 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP 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 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5,4 C(TY-ST-Z)P CITY-ST-ZIF DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6,3 STREET ADDRESS 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 changes, or on an attachment with an address.

SIGNATURE:

PREVATT

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