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PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000089673 (2) DOCUMENT

FATOLITIS & ROUSH, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1214 E. LIME ST. P. O. BOX 546 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34688 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3480219 Not Applicable 21 26 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 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zm Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROUSH, JOHN 1214 E. LIME ST. 62 Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. δP DELETE Change ■ Addition TITLE 1.1 TITLE JOHN. CR2E034 NAME 1.2 NAME LIME 51. 1214 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP SPHNGS, FL 34639 1.4 CITY - ST - ZIP Change Addition TITLE 21 TITLE FATOLITIS NAME 22 NAME STREET ADDRESS 316 **57** · 2.3 STREET ADDRESS SPRINGS, 2. 4 CITY-ST-2IP CITY-ST-ZIP DELETE Addition Change 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 4.1 TITLE TITLE 4. 2 NAME 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-ST-ZIP DELETE ☐ Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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

4/12/08