

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093132 (3)

1. Corporation Name

~~SURVIVAL INCORPORATED~~

4-27-98

~~Survival Inc~~ Mere Survival Inc

Principal Place of Business

Mailing Address

9500 AMERICAN FARMS RD.
MILTON FL 32583

9500 AMERICAN FARMS RD.
MILTON FL 32583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 9500 American Farms Rd

Suite, Apt. #, etc.

22

City & State

23 Milton, Florida

Zip

24 32583

Country

25 Santa Rosa

2a. Mailing Address

26 9500 American Farms Rd

Suite, Apt. #, etc.

27

City & State

28 Milton, Florida

Zip

29 32583

Country

30

9. Name and Address of Current Registered Agent

Dale W. Hagadone Jr.
3310 Calle Mio
Navarre, FL 32566

10. Name and Address of New Registered Agent

81 Name

82 Dale W. Hagadone Jr.

83 Street Address (P.O. Box Number is Not Acceptable)

3310 Calle Mio

84

City

Navarre

FL

85 Zip Code

32566

11. Pursuant to the provisions of Sections 607.0602 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

Dale W. Hagadone Jr.

(NC211) Registered Agent signature required when reinstating

DATE

4-29-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME THERIAULT, STEVE J
STREET ADDRESS 9500 AMERICAN FARMS RD.
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ DELETE

SD
NAME THERIAULT, ANDREA G
STREET ADDRESS 9500 AMERICAN FARMS RD.
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002535784
-05/27/98--01004--005
***150.00

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.

SIGNATURE

Andrea G Theriault

11-2099 1276-0306

CR2E034 (10/97)