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

PROFIT **CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra El Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094637 (0)

MR REF. INC.

CITY-ST-ZIP

FILED May 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1260 W LONG STREET 1260 W LONG STREET LAKE CITY FL 38065 LAKE CITY FL 32055 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3475286 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 25 Yes 24 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent COPPÓCK, MARIO A 81 Name 1260 W LONG STREET 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 В3 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 little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change TITLE 1.1 TITLE President Commons NAME 1.2 NAME Mario A. Coppock STREET ADDRESS 1.3 STREET ADDRESS 1260 W. Long Street CITY-ST-ZIP Lake City, FL 32055 Vice President Angela D. Coppock 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 THILE NAME 2.2 NAME 1260 W. Long Street Lake City, FL 32055 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Secretary DELETE Change Addition TITLE 3.1 TITLE Verna Ingram NAME 3.2 NAME 863 North Ermine Street STREET ADDRESS 3.3 STREET ADDRESS Lake City, FL 32055 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 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 6.1 DITE NAME 6.2 NAME **6.3 STREET ADDRESS** 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 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.

6.4 CITY-ST-ZIP

4/22/10

904-758-5U)7