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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. Thereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed/or



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099761 (3)

JOINT EFFORT OF PONTE VEDRA, INC. Principal Place of Business Mailing Address 3202 SAWGRASS VILLAGE CIRCLE 3202 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1997 2. Principal Place of Business Mailing Address Applied For Not Applicable 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 П 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARTLETT, BARON L 50 HIGHWAY A1A SUITE 103 82 Street Address (P.O. Box Number is Not Acceptable) **PONTE VEDRA BEACH FL 32082** 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 proted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE LENDRY, BRYAN 1.2 NAME NAME \$202 SAWGRASS VILLAGE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS <u>Ponte vedra Beach FL 32082</u> CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE DINSULA, THOMAS 3002 SAWGRASS VILLAGE CIRCLE DAUSEND, THOMAS 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA, BLK, FL 32082 2.4 CITY-S1-ZIP CITY-ST-ZIP ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

tachment with an address

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ital 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 objective or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in