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

Jun 01 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000100658 (8) K.G.M.J. DEVELOPMENT CORP. Principal Place of Business Mailing Address 6273 RIVULET RD. 6273 RIVULET RD JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/26/1997 2. Principal Place of Business 2a. Mailing Address FELNumber opplied For 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 Added to Fees 23 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intargible Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOND, C. GUY 3010 S. 3RD ST. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE BEACH FL 32250 83 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CR2E034 (10/97 DELETE 1.1 11fLf Change Addition TITLE DUDLEY, JOHNNY L 1.2 NAME NAME **6273 RIVULET RD.** STREET ADDRESS 1.3 STREET ADDRESS Jacksonville FL 32258 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE HAMILTON, GARY A NAME 2.2 NAME P. O. BOX 1343 - 1 A 2.3 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32056 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 Till E TITLE 5.2 NAM NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition 6.1 TITLE TITLE

6.2 NAME

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 eath; that I am an officer or director of the corporation of the preciser or true and operated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the

6.3 STREET ADDRESS

4-16-68

NAME STREET ADDRESS FILED