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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 APR 13 PM 3: 47 DOCUMENT # P97000106145 SECRETARY OF STATE TALLAHASSEE. FLORIDA S. G& HENTERPRISES, WC. Mailing Address Principal Place of Business 1401-B LAKE BRADFORD ROAD DO NOT WRITE IN THIS SPACE TALLAHASSEE, FL 32304 3. Date incorporated or Qualified Applied For 2a. Maxing Address 2. Principal Place of Business 59-348316C Not Applicable 21 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 Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLANTON, EDWIN F Street Address (P.O. Box Number is Not Acceptable) 825 Thomas Ville Rd Tallahassee, FL 32303 83 64 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or preters came of registered agent and total applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE HOBKIRK, J. DAVID UR. 1401-B LAKE BRADIORD RD SMITH RED E. TH 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS TAUMHASOE FL 32304 CITY-ST-ZIP 1 4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE **TP**LE 2.2 NAME MAME GREEN, JAMES W. JR. 1401-8, FAKE BRADFURD PD 400002491304--4 -04/16/98--01120--002 2.3 STREET ADDRESS STREET ADDRESS TALLAHTASEE A 32304 2 4 CITY - ST - 7IP CITY-ST-ZIP ****150.00 ****150.00 DELETÉ TITLE 3.1 TITLE 3.2 NAME NAME SWANK, VEFFERY C. 3 3 STREET ADDRESS STREET ADDRESS Same 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE THILE 4. 2 NAME NAME 4 3 STHEET ADDRESS STREET ADDRESS 4.4 CHY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-7IP DELETE ■ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 suppliemental 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 for sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an atticit must with an address.

OR PRINTED NAME OF BICNING OFFICER OR DIRECTOR

35-760/

CR2E034 (10/97)