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

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State FILED . 1**9**98 DIVISION OF CORPORATIONS 98 JUN -5 AM 11: 50 P97000107100 (4) DOCUMENT # SECRETALL OF STATE C&H VENTURES, INC. Principal Place of Business Mailing Address 109-B MONAHAN DRIVE 109-B MONAHAN DRIVE FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1997 2. Principal Place of Husiness 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zipi Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CAMPBELL, JOHN H 109-B MONAHAN DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 FORT WALTON BEACH FL 32547 83 City 85 Zip Code 11. Pursuant to the provisions of lorda Statutos, the above-named corporation submits this statement for the purpose of changing its registered france was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607,0505, Florida Statules. office or registered agent agent. I am familiar with, SIGNATURE Signature (NOTE Registered Agent signature required when reinstating) 12. ND DÍRÍ CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 THE Change Addition HARDY BERT NAME 1.2 NAME 211-D MAIN STREET STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Addition Change CAMPBELL, JOHN H NAME 2.2 NAME 109-B MONAHAN DRIVE STREET ADDRESS 2.3 STREET ADDRESS FORT WALTON BEACH FL 32547 CITY-ST-ZiP 2.4 CHY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELLTE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change 200002527333 NAME 6.2 NAME -05/18/98+-01046--048 STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 Statules. 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 logal 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 13 if changed, or on an attachment with an address

***600.00