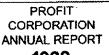
## FILED Jun 22, 1999 8:00 am Secretary of State

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DOCUMENT - 2





FLORIDA KI

DIVISIO 1999 DOCUMENT # P98000014328 RETXAB. INC. Mailing Address Principal Place of Business 2200 SAFE HARBOUR COURT 2200 SAFE HARBOUR COURT ALVA FL 33920 ALVA FL 33920 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/12/1998 2. Principal Place of Business 1901 S.E. 21 21 CAPE CORAL E 2a. Mailing Address 1901 S.E 21 STREET 28 CAPE CORAL, FI 33990 4. FEI Number Applied For 52-2102901 STREET 33990 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Gamma$ Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees 28 Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year intangible Zip Country □No. ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BAXTER, JIM Street Address (P.O. Box Number is Not Acceptable) 82 2200 SAFE HARBOUR COURT ALVA FL 33920 . 83 City CAPE CORAL 84 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 OATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 MR.E MLE BAXTER JIM 1901 S.E. 21 T STREET BAXTER, JIM 1.2 NAME MAKE 2200 SAFE HARBOUR COURT 1.3 STREET ADDRESS STREET ADORESS CAPE CORAL, FI 33970 ALVA FL 33920 1.4 CITY+ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 MLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CRY-ST-29P CITY-ST-ZIP \* Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change -☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS SA CITY-ST-ZIP C37Y-5T-28P Addition 5.1 TIBE Change | DELETE TITLE

14. I hereby certify that the information supplied with this fiting 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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SICO III II REQUAMES

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

D. BAXTER 4/19/9

(941) 994-41844

Daylime Phone #