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

SIGNATURE:

Apr 20, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Katherine Harris 🛫 🕏 ANNUAL REPORT Secretary of State 04-20-1999 90294 032 ***150.00 DIVISION OF CORPORATIONS DOCUMENT # 49800029339 T. L. K. Investments, Inc. Principal Place of Business 32 g Piney Ridge Pond Casselberry, FC 32707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed March 30, 4. FEI Number Applied For 2a. Mailing Address *59-<u>350</u>077*0 320 Pines Ridge Food Not Applicable 26 SAME Sufte, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Required. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible U.S.A. **⊡**No Personal Property Tax. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Douglas L. Carley 2/02 Street Address (P.O. Box Number is Not Acceptable) Fairbanks 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **□ CELETE** 1.1 TITLE TITLE ecretary, Treasurer, 4Director Valdit 1.2 NAME NAME 320 Pines Ridge Road 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE TITLE Matthew Carley 2.2 NAME NAME 128 Country Club Kord 2.3 STREET ADDRESS STREET ADDRESS EL 32746 2.4 CITY: ST-ZIP ÇTIY-ŞT-ZIP Change ☐ DELETE ☐ Addition TITLE. 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 changed, pr on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR