

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052667 MOFFETT AND DEPPE, INC.

1999

Mailing Address

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90059 007 ***150.00



Principal Place of Business 2561 CH ARNOLD ROAD 2561 CH ARNOLD ROAD ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/03/1998 Applied For 2a. Mailing Address 2. Principal Place of Business 3517092 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee.Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country Zip Zip **☑**No Personal Property Tax. ☐ Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALL, CHARLES E JR. Street Address (P.O. Box Number is Not Acceptable) 82 25 OLD MISSION AVENUE ST. AUGUSTINE FL 32084 83 Zip Code 85 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) of registered agent and title if applical ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change □ DELETE 11 TITLE TITLE MOFFETT, JUDY D 1.2 NAME NAME 2561 CH ARNOLD ROAD 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32092 CITY-ST-ZIP 1,4 CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE DEPPE, WAYNE J 2.2 NAME NAME 2561 CH ARNOLD ROAD 2.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32092 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE . Change ☐ Addition 41 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME

CITY-ST-ZIP 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 chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (11/98)