Apr 14, 1999 8:00 am Secretary of State PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 04-14-1999 90150 031 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000079193 1. Corporation Name STRATEN ENTERPRISES OF BAY COUNTY, INC. Mailing Address Principal Place of Business 2900 COUNTRY CLUB DRIVE 2900 COUNTRY CLUB DRIVE LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/14/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe 59-3536013 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees= 23 Zip. Country Zip Country This corporation owes the current year Intangible 25 30 Personal Property Tax. ☐ Yes □No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STRATEN, HARALD 82 is (P.O. Box Number is Not Acceptable) 2900 COUNTRY CLUB DRIVE LYNN HAVEN FL 32444 83 17. 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 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. Zin Code 3 2474 SIGNATURE ne of registered agent and tide if ap (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Design Day ☐ Change 1.1 TM F TILE Procesom HARALD, STRATEN CR2E034 12 MARKE NAME 439 GAACEAVE. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRES 3.4, CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TIME TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP Change Addition DELETE S.I TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ACCRESS

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 supplements ennual 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 receiptr or this tee examples that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactiment with an addings, with all other like empowered.

64 CITY-ST-7P

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

S 2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CJTY-ST-ZIP

TITLE

NAME

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-6-90

Daysime Phone #

Change

FILED



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☐ Addition