07141999-90016-035-$150.00-$150.00 * 07141999-90016-036-$400.00-$400.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90016 035 ***150.00
07-14-1999 90016 036 ***400.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000086214

1. Corporation Name

PRINS, INC.

Principal Place of Business	Mailing Address
408 W. UNIVERSITY AVE., SUITE 406 GAINESVILLE FL 32601	408 W. UNIVERSITY AVE., SUITE 406 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1998

2. Principal Place of Business	2a. Mailing Address
21 CLYDE TIRE + BRAKE	26 Rod PRINS
22 Suite/Apt. #, etc.: 13735 MARTIN LUTHER KING	27 Suite, Apt. #, etc.: RT 2 Box 764
23 City & State: ALACHUA, FL	28 City & State: Lake Butler FL
24 Zip: 32615	25 Country: ALACHUA
29 Zip: 32054	30 Country: UNION

4. FEI Number: 59-3541024 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOPE, A. BICE ESQ. 408 W. UNIVERSITY AVE., SUITE 406 GAINESVILLE FL 32601 SAME	81 Name: Hope A. BICE ESQ 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	HOPE, A. BICE		1.2 NAME	SCOTT W PRINS	
STREET ADDRESS	408 W. UNIVERSITY AVE., SUITE 406		1.3 STREET ADDRESS	4701 SW 46TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	PRESIDENT	☐ DELETE	2.1 TITLE	V.P.S	☐ Change ☒ Addition
NAME	SCOTT W PRINS	ADDITION	2.2 NAME	RODNEY J PRINS	
STREET ADDRESS			2.3 STREET ADDRESS	RT2 Box 764	
CITY-ST-ZIP	GAINESVILLE, FL 32608		2.4 CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE	SEC/TREASURY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROD P. PRINS	ADDITION	3.2 NAME		
STREET ADDRESS	RT2 Box 764		3.3 STREET ADDRESS		
CITY-ST-ZIP	Lake Butler, FL 32054		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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, or on an attachment with an address.

SIGNATURE: Rodney J. PRINS Rodney J. Prins 7-7-99 904 462 5419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

07141999-90016-035-$150.00-$150.00 * 07141999-90016-036-$400.00-$400.00

P98000086214
602367-90008-40

Hello

I received this notice from my attorney!
which I'm sending to you. I'm making corrections
that is not correct. and also this is the first
& ~~case~~ notice I have received.
I'm asking if you'd would reconsider
the $400.00 ~~late~~ fee because I did not receive
the first one because of the mail address been wrong.

I'm sending $150.00 fee
and $400.00 late fee
$550.00

Rod Brent

P.S Return ck for $400.00 if you can! thank you