JAN-05-2000 WED 12:32 PM NORTH FLORIDA CONSULTING FAX NO. 18506547215 P. 04

90121-010-$150.00-$150.00

99-00 AR

FILED

00 JAN 26 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000098264

1. Corporation Name
ELJ, INC.

5/6/99 90121010 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
40001 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address
40001 EMERALD COAST PARKWAY
DESTIN FL 32541

3. Date Incorporated or Qualified
11/23/1998

4. FEI Number
59-3562826

Applied For / Not Applicable

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

2a. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

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 Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MATTHEWS, DANA C
807 HIGHWAY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

12. OFFICERS AND DIRECTORS ☐ DELETE (blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT ☐ Change ☒ Addition
1.2 NAME: EDWARD T. JOHNSON
1.3 STREET ADDRESS: 307 OSCEOLA COURT
1.4 CITY-ST-ZIP: NICEVILLE, FL. 32578

900003120 -02/03/00--01010--005 ****150.00 ****150.00

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward T. Johnson

4/28/99 Date (850)654-7211 Daytime Phone #