2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P99000018513 1. Entity Name 04-26-2004 90502 034 ***150.00 C. DRACE INVESTMENTS INC. Principal Place of Business Mailing Address 1704 BLUE HERON LANE 1704 BLUE HERON LANE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address P.O. BOX 1509: 1605 VALCE PAPER DRIVE CR2E034 (11/03) 4. FEI Number Applied For 59-3562133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRACE, CHARUSS L. PETERS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2855 OCEAN RD. FERNANDINA BEACH FL 32034 FGRNANDINA BEACH 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition Delete TITLE TITLE DIPACE, CHAMES L 1605 LAKE PAME DIPIVE FEMNONDINA BEACH, FL DRACE, CHARLES L NAME NAME 1704 BLUE HERON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP VP ☐ Addition TITLE Delete TITLE DRACE, DEBRA K NAME NAME LACE, DEPERA K STREET ADDRESS 1704 BLUE HERON LANE STREET ADDRESS 06 VAKEPEMIC DR FERNANDINA BEACH FL 32034 CITY, ST-7IP CITY-ST-ZIP** □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of proseed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

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