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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # STATEN, INC.

Principal Place of Business

Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



28 WALTER MARTIN RD FT WALTON BEACH FL 32548 28 WALTER MARTIN RD FT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 252 SHORE 59-3102731 Not Applicable 21 DRIVE 26 <u> 252</u> SHORE DR Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be DESTIN DESTIN 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 24 25 050 USA Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STATEN, JOHN H Name 252 SHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 84 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. John H. STATEN
yeature, typed or pratted mane of registered agent and title if applicable Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TIT) F 1 1 TITLE STATEN, JOHN 1.2 NAME NAME 252 SHORE DR STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STATEN, MARY ANNA NAME 2.2 NAME 252 SHORE DR STREET ADDRESS 2.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TOTI F 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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: