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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V

1998

(5)

FLANTASTIC ENTERPRISES INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 551003 P.O. BOX 551003 JACKSONVILLE FL 32255 JACKSONVILLE FL 32255 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3100228 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROBINSON, RUMBELLIS 11668 OXFORD CREST LANE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32258 83 84 City Zip Code 85 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 agreet and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE ROBINSON, RUMBELLIS NAME 1.2 NAME 11668 OXFORD CREST LANE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 21 TH F NELSON, DENNIS R. NAME 22 NAME 11714 TAMAGER DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ELLIS, JAMES E. NAME 3.2 NAME 1841 LONGWOOD KEY DR N STREET ADDRESS 3 3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition THOMAS, FRED 4. 2 NAME 2256 INWOOD CIRCLE S. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DEL**E**TE Change Addition TITLE 5.1 TITLE DORSEY, TIMOTHY A. NAME 5.2 NAME 4337 JEROME AVE STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition COVINGTON, KENNETH R NAME 6.2 NAME 3607 MONTCLAIR DRIVE STREET ADDRESS 6.3 STREET ADDRESS JACKSONVILLE FL 32217 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 trusteg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted on an attachment with an underess.

PIONATURE (Aug 1 11: (& ol')

W/m 100

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