**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # V33644



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90002 048 \*\*\*150.00

| ELVHEU   | GE ENTERPRISES, INC.   |  |  |  |   |                    |  |  |
|--|--|--|--|--|---|--------------------|--|--|
| Principal Place  | e of Business  | Mailing Address  |  |  | i <b>nit biinia</b> sti <b>na</b> tilih neili     | TEBEL DIM BIDIT DE | DIŞ BİBİL BIGIL BI                       | 1861 WINDI 40 D.                             |
| 92 FLORIDA P   |  | - 92 FLORIDA PARK DR   |  |  |   |                    |  |  |
| PALM COAST F   |  | PALM COAST FL 32137  |  |  |   |                    |  |  |
| 1  | <i>F</i>   | 1  |  |  |   | RITE IN THIS       | SPACE                                    |  |
|  | 7  | 1  |  | 3. Date Inc<br>05/01                                       | corporated or Qualifed                            | d<br>              |  |  |
| 2. Principal Pl  | lace of Business   | 2a. Mailing Address  |  | 4. FEI Nur   |   |                    | App                                      | olied For                                    |
| 21 119   | FORSYTHE LANE  | 26 119 FORS  | YTHE LANG  | < <u>59-31</u>   | 23668   |                    | Not                                      | Applicable                                   |
| Suite, Apt.  |  | Suite, Apt. #, etc.  |  |  | te of Status Desired                              |                    | \$8.75 A<br>Fee Re                       |  |
| City & State   | e A  | Aty & State  | ~ ~ /  | 6. Election  | Campaign Financing                                | , L                | \$5.00                                   | May Be                                       |
| 23 PALV  | 4 / 4 J - I/   | 28 PALM COA  | Country  |  | und Contribution                                  |                    | Added to                                 |  |
| 201/2  | 7 DE FEMALES   | · 29 32137 3   | - 1 1 / B  | , ·  | al Property Tax.                                  | mont your was      | ∏Yes .                                   | EN <sub>o</sub>                              |
| 24 3人(5  | 9. Name and Address of Current   |  | <u> </u>   |  | and Address of New                                | Registered A       |  |  |
|  | 2. Italine and Address of Other  |  | 81 Name  |  |   |                    |  |  |
| ELDF   | REDGE, DAVID S.  |  |  |  |   |                    |  |  |
| i e  | LORIDA PARK DR   |  | 82 Street Ad   | ddress (P.O. Box   | Number is Not Accep                               | table)             | •  | }  |
|  | W COAST FL 32137   |  | 83   | TOR  | 37/MC   | MAC                |  |  |
|  |  |  | $\neg V \mid^{\omega} \mid$  | •  |   |                    |  |  |
|  |  |  | 84 City &  | ALM  | COAST   | FL                 | 85 Zip C                                 | 137 🔝  |
|  |  |  |  | 41   | - this statement for th                           | a number of (      | changing its                             | registered                                   |
| 11. Pursuant   | to the provisions of Sections 607.0502   | 2 and 607.1508, Florida Statutes   | i, the above-named co  | orporation submits   | s this statement for in<br>irectors. I hereby acc | ent the angoin     | tment as rec                             | ristered                                     |
| office or re   | agistared agent or both in the State (   | of Florida. Such change was auf  | horized by the corpora   | orporation submits<br>ration's board of di                 | irectors. I hereby acc                            | ept the appoin     | tment as reg                             | gistered                                     |
| office or re<br>agent. I ar  | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat   | of Florida. Such change was auf  | horized by the corpora   | orporation submit<br>ation's board of di                   | irectors. I hereby acc                            | ept the appoin     | tment as rec                             | gistered                                     |
| office or re   | egistered agent, or both, in the State on familiar with, and accept the obligat Signature, typed or printed name of registered agen  | of Florida. Such change was autitions of, Section 607.0505, Floridation of the if applicable.  (NOTE: R  | horized by the corpora<br>la Statutes.<br>registered Agent signature req   | ration's board of di                                       | irectors. I nereby acc                            | DATE               | en as reç                                | gistered                                     |
| office or re<br>agent. I ar  | egistered agent, or both, in the State on familiar with, and accept the obligating signature, typed or printed name of registered agen   | of Florida. Such change was autions of, Section 607.0505, Floridation of the if applicable.  DIRECTORS  (NOTE: R   | horized by the corporate Statutes.  legistered Agent signature requirements.   | ration's board of di                                       | irectors. I hereby acc                            | DATE               | D DIRECTO                                | RS IN 12                                     |
| office or re<br>agent. I an<br>SIGNATURE   | egistered agent, or both, in the State on familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN  | of Florida. Such change was autitions of, Section 607.0505, Floridation of the if applicable.  (NOTE: R  | horized by the corpora<br>la Statutes.<br>registered Agent signature req   | ration's board of di                                       | irectors. I nereby acc                            | DATE               | en as reç                                | gistered                                     |
| office or reagent. I as SIGNATURE  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AND DELDREDGE, DAVID S.   | of Florida. Such change was autions of, Section 607.0505, Floridation of the if applicable.  DIRECTORS  (NOTE: R   | horized by the corporate Statutes.  legistered Agent signature requirements.   | ation's board of di<br>quired when reinstating)<br>ADDITIO | INS/CHANGES TO C                                  | DATE AN            | D DIRECTO                                | RS IN 12                                     |
| office or reagent. I as SIGNATURE  12.   | egistered agent, or both, in the State of marmiliar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AND DELDREDGE, DAVID S.  92 FLORIDA PARK DR  | of Florida. Such change was autions of, Section 607.0505, Floridation of the if applicable.  DIRECTORS  (NOTE: R   | horized by the corporal a Statutes.  Legistered Agent signature requestion 13.  1.1 TITLE  | ation's board of di<br>quired when reinstating)<br>ADDITIO | INS/CHANGES TO C                                  | DATE AN            | D DIRECTO                                | RS IN 12                                     |
| office or reagent. I as SIGNATURE  12. TITLE NAME  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AND DELDREDGE, DAVID S.   | of Florida. Such change was autitions of, Section 607.0505, Floridation of Section 607.0505, Floridation 607.0505, Florid | norized by the corporal a Statutes.  egistered Agent signature req.  1.1 TITLE  1.2 NAME   | ation's board of di<br>quired when reinstating)<br>ADDITIO | INS/CHANGES TO C                                  | DATE AN            | D DIRECTO                                | RS IN 12                                     |
| office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS  | egistered agent, or both, in the State of marmiliar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AND DELDREDGE, DAVID S.  92 FLORIDA PARK DR  | of Florida. Such change was autions of, Section 607.0505, Floridation of the if applicable.  DIRECTORS  (NOTE: R   | egistered Agent signature requestered Agent signature requestered 1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  | ation's board of di<br>quired when reinstating)<br>ADDITIO | irectors. I nereby acc                            | DATE AN            | D DIRECTO                                | RS IN 12                                     |
| office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AN ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL   | of Florida. Such change was autitions of, Section 607.0505, Floridation of Section 607.0505, Floridation 607.0505, Florid | egistered Agent signature requestered Agent Agen | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12                                     |
| office or ragent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL D                                      | of Florida. Such change was autitions of, Section 607.0505, Floridation of Section 607.0505, Floridation 607.0505, Florid | egistered Agent signature required 13.  1.1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2.1 TITLE  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12                                     |
| office or ragent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Sypad or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92-FLORIDA PARK DR PALM COAST-FL DELDREDGE, JANE C.                     | of Florida. Such change was autitions of, Section 607.0505, Floridations of Section 607.0505 (NOTE: RD DIRECTORS)  | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12 Addition                            |
| office or ragent. I an agent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridations of Section 607.0505 (NOTE: RD DIRECTORS)  | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  | ation's board of disputed when reinstating) ADDITIO        | INS/CHANGES TO C                                  | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12                                     |
| office or ragent. I an agent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated the if applicable. (NOTE: RD DIRECTORS DELETE   | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP   | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12 Addition                            |
| office or ragent. I an agent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated the if applicable. (NOTE: RD DIRECTORS DELETE   | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12 Addition                            |
| office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated the if applicable. (NOTE: RD DIRECTORS DELETE   | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12 Addition Addition Addition          |
| office or ragent. I an agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated the if applicable. (NOTE: RD DIRECTORS DELETE   | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  31/3 Achange           | RS IN 12 Addition                            |
| office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated by the frapplicable. (NOTE: RD DIRECTORS DELETE DELETE  | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP   | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition Addition          |
| office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated by the frapplicable. (NOTE: RD DIRECTORS DELETE DELETE  | egistered Agent signature req  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition Addition          |
| office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated by the frapplicable. (NOTE: RD DIRECTORS DELETE DELETE  | egistered Agent signature req  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME   | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition Addition          |
| office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridated by the frapplicable. (NOTE: RD DIRECTORS DELETE DELETE  | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS   | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition Addition          |
| office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of Control o | egistered Agent signature req  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP   | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition Addition          |
| office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                      | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of Control o | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE   | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition                   |
| office or in agent. I ai agent. I ai signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of Control o | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition                   |
| office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP           | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Florida.  It and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE DELETE   | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change         | RS IN 12 Addition Addition                   |
| office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of Control o | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change  Change | RS IN 12 Addition Addition Addition Addition |
| office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP           | egistered agent, or both, in the State of m familiar with, and accept the obligated Signature. Typed or printed name of registered agen OFFICERS AND ELDREDGE, DAVID S.  92 FLORIDA PARK DR PALM COAST FL DELDREDGE, JANE C.  92 FLORIDA PARK DR | of Florida. Such change was autitions of, Section 607.0505, Florida.  It and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE DELETE   | egistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP   | ation's board of disputed when reinstating) ADDITIO        | EURSYTH   | DATE  FFICERS AN   | D DIRECTO Change  Change  Change  Change | RS IN 12 Addition Addition Addition Addition |

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, with all other like empowered.

SIGNATURE: