FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

SEFIRST ENTERPRISES, INC.

FILED May 13 1998 8:00am Secretary of State

| | T GWILM MOLO, MO | | | | | |
|--|---|--------------------------------|----------------------|------------------|--|--|
| Principal Plac | e of Business | Mailing Address | | | | |
| 804 S.E. 2ND | STREET | 604 SE 2ND ST | | | | |
| GAINESVILLE FL 32601 | | GANESVILLE FL 32601 US | | | DO NOT WRITE IN THIS SPACE | |
| | | Uð | | | 3. Date Incorporated or Qualified | |
| | | | | | 07/01/1992 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | ···· | | 4. FEI Number Applied For | |
| 21 | | 26 | | | 59-3133254 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ¢0.75 | |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | |
| Zip | <u>├</u> ¬ | | Count | ry | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | |
| | 9. Name and Address of Current | Registered Agent | 8 | 4. Name | 10. Name and Address of New Registered Agent | |
| AFINENS, DUNALD B. | | | P | Name | | |
| | I S.E. 2ND STREET | | В | 2 Street A | ddress (P.O. Box Number is Not Acceptable) | |
| GA | INESVILLE FL 32601 | | 8 | 3 | | |
| | | | J | 1 | • | |
| | | | 8 | 4 City | FL 85 Zip Code | |
| 11 Pursuant | to the provisions of Sections 607 0602 | and 607 1608 Horida Statut | os the abo | L. Damod c | | |
| office or n | 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 | | | | | |
| agentita | m familiar with, and accept the obliga | tions at, Section 607.0505, Fi | orida Statut | 9\$. | | |
| SIGNATURE Signature, typical or planted name of registered and talle if applicable (NOTE Registered Agent signature required when remaining) DA16. | | | | | | |
| 12. | OF LICERS AND | *M | 13, | geni signalore n | equired when reinstating) DATE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | 0 | DELETE | 1.1 TITLE | | Change Addition | |
| NAME | AHRENS, DONALD B. | | 1.2 NAME | | | |
| STREET ADDRESS 4631 N.W. 29TH TERR | | | 1.3 STREET ADDRESS | | | |
| CMY-ST-ZIP | GAINESVILLE FL | | 1.4 CITY - \$1 - ZIP | | | |
| TALE | | | 2.1 TITLE | | Change Addition | |
| NAME | CHANNING, EDWARD M. | | 2.2 NAME | | | |
| STREET ADDRESS 5013 N.W. 43RD ST. | | | 2.3 STRF | T ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 2. 4 CiTY | - ST- ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | · — | |
| STREET ADDRESS | | | 3.3 STRE | I ADDRESS | | |
| CITY-ST-ZIP | | | 3 4. CITY | - S1 - ZIP | | |
| TITLE | | DELÈTE | 4.1 11TLE | | Change Addition | |
| NAME | | | 4 2 NAM | E | | |
| STREET ADORESS | | | 4 3 STRE | T ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 C(TY- | ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAM6 | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 City- | ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | G.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY | S1 - 7IP | | |

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 of 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 changett, or or an attachment with apart less.

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