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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 10 1998 8:00am Secretary of State

DOCUMENT # 1. Corporation Name WEBSTER & HATCHER, CPA'S, P.A. Principal Place of Business Mailing Address 1960 MILLER ST. #5 1950 MILLER ST. #5 **ORANGE PARK FL 32073 ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3134748 Not Applicable Suite, Apt #, etc Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WEBSTER, JAMES E. JR. 1745 CHALLEN AVENUE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 84 City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Blog aftern Type-Line product sweet in these stone Largerst and title it apply able (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILF 1.1 TITLE ☐ Change ☐ Addition WEBSTER, JAMES E. JR. NAME 1.2 NAME 1745 CHALLEN AVENUE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Chance Addition HATCHER SHIRLEY W NAME 2.2 NAME 4331 BANKS RD STREET ADDRESS 2 3 STREET ADDRESS MIDDLEBURG 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 Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 51 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 exporation 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 it chapter 607, or on an attachment with an address.

SIGNATURE:

904-264-0699