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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:48

DOCUMENT # V73987 (2)

1. Corporation Name
R.J. OSTEEN & CO., INC.

Principal Place of Business
6602 US HWY 19
NEW PORT RICHEY FL 34652

Mailing Address
6602 US HWY 19
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-3145839 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ County 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ County 30 ___

9. Name and Address of Current Registered Agent

OSTEEN, RAYMOND J.
6602 US HWY 19
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

01 Name: BIRCH, ANN M.
02 Street Address (P.O. Box Number is Not Acceptable): 6602 U S Hwy 19
03 NEW PORT RICHEY,
04 City: FL
05 Zip Code: 34652

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: Ann M. Birch ANN M. BIRCH PRESIDENT — Date: 6/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	~~P~~	1 TITLE	☐ Change ☐ Addition
NAME	~~OSTEEN, RAYMOND J.~~	1 NAME	
STREET ADDRESS	~~2705 LAWN PLACE~~	1 STREET ADDRESS	
CITY-ST-ZIP	~~HOLIDAY, FL~~	1 CITY-ST-ZIP	
TITLE	~~VP~~	2 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	BIRCH, ANN M	2 NAME	BIRCH, ANN M.
STREET ADDRESS	7209 ARBOR VIEW LANE	2 STREET ADDRESS	7209 ARBOR VIEW LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL	2 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE		3 TITLE	VICE PRESIDENT ☑ Change ☐ Addition
NAME		3 NAME	BIRCH, THOMAS R.
STREET ADDRESS		3 STREET ADDRESS	7209 ARBOR VIEW LANE
CITY-ST-ZIP		3 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ann M. Birch ANN M. BIRCH, PRES 6/27/95 (813) 849-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP