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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 19 1998 8:00am

Secretary of State

Change

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Addition

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Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000043728 (9)

PA CORP.

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NAME

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 16531 KERRY HILLS LN. 16531 KERRY HILLS LN. SPRING HILL FL 34610 SPRING HILL FL 34610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a, Mailing Address Applied For 59-3450952 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CARSON, DONALD A 16531 KERRY HILLS LN. 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34810 83 84 City Zip Code 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE Donald A. Carson 1.2 NAME 16531 Kerry Hills Ln. STREET ADDRESS 1.3 STREET ADDRESS Spring Hill El 34610 1.4 CITY - ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE ☐ Change Addition TITLE Connie S. Carson NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS > same CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 chapter 607 on an attachment with an address.

4.1 TITLE

4 2 NAME

51 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-7IP

4.4 CITY-ST-ZIP

Vorald A. Lurson A. Carson Jonald SIGNATURE: