

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

FILED

Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 255867
1. Corporation Name
MATHEWS CORPORATION

Principal Place of Business
3514 ARCH STREET
TAMPA FL 33607

Mailing Address
SAME

AMENDMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3514 ARCH ST	26 SAME	2-12-62
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 TAMPA FL	27	59-0967052
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24 33607	25 HILLSBOROUGH	29
Country	Country	30
26	27	28
29	30	31

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Herman J. Oellerich
3514 Arch Street
Tampa FL 33607

81 Name	David E. Oellerich
82 Street Address (P.O. Box Number is Not Acceptable)	3514 Arch Street
83	
84 City	Tampa FL
85 Zip Code	33607

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 5-15-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VICE PRESIDENT	1.1 TITLE	TREASURER
NAME	ROLAND STAHLHUT	1.2 NAME	PATRICIA EIFLER
STREET ADDRESS	1207 OVERCASH	1.3 STREET ADDRESS	1724 TALLOWTREE CR.
CITY-ST-ZIP	DUNEDIN FL 33528	1.4 CITY-ST-ZIP	VALRICO FL 33594
TITLE	SECRETARY	2.1 TITLE	PRESIDENT + CEO
NAME	PAMELA OELLERICH	2.2 NAME	DAVID E. OELLERICH
STREET ADDRESS	103 MARTINIQUE	2.3 STREET ADDRESS	448 LUCERNE AVE
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	TAMPA FL 33606
TITLE		3.1 TITLE	DIRECTOR
NAME		3.2 NAME	HERMAN J. OELLERICH
STREET ADDRESS		3.3 STREET ADDRESS	103 MARTINIQUE AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA FL 33606
TITLE		4.1 TITLE	DIRECTOR
NAME		4.2 NAME	MARY ELLEN OELLERICH
STREET ADDRESS		4.3 STREET ADDRESS	448 LUCERNE AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA FL 33606
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Executive V. Pres
NAME		6.2 NAME	Michael Mahoney
STREET ADDRESS		6.3 STREET ADDRESS	750 Aida Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St Petersburg FL 33704

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 a note.

CR2E034 (10/97)