FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 580326 (7)SCHWEND, INC. Principal Place of Business Mailing Address 28945 JOHNSTON RD 28945 JOHNSTON RD DADE CITY FL 33523 DADE CITY FL 33525 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1978 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1896767 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HERSCH, LARRY S., ESQ. 2025 SOUTH HIGHWAY 301 82 Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33525 83 City 85 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 tilk: if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Addition PD 1.1 TITLE ☐ Change NAME SCHWEND, CHARLES 1.2 NAME 28945 JOHNSTON RD STREET ADORESS 1.3 STREET ADDRESS DADE CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE STD NAME SCHWEND, JUDITH 22 NAME STREET ADDRESS 28945 JOHNSTON RD 2.3 STREET ADDRESS DADE CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change ■ Addition

6.2 NAME 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 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 organ an attachment with an address.

NAME

STREET ADORESS CITY-ST-ZIP