FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -1 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F40462 (6)

1. Corporation Name
SCHLEGEL-DURBAL, INC.

Principal Place of Business
14115- 63RD WAY NORTH
CLEARWATER FL 34620
US

Mailing Address
14115- 63RD WAY NORTH
CLEARWATER FL 34620
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1981
3a. Date of Last Report: 02/02/1994

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

4. FEI Number: 59-2111423 — ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
JAMES G GAGNON
696 FIRST AVE NORTH
ST PETERSBURG, FL
33701

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	1 1 TITLE ☑ Change ☐ Addition
NAME	SCHLEGEL, ANNEMARIE	1 2 NAME DELETE
STREET ADDRESS	14115 63RD WAY NORTH	1 3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	1 4 CITY-ST-ZIP
TITLE	D	2 1 TITLE ☑ Change ☐ Addition ADDRESS ONLY
NAME	VOSS, MONIKA	2 2 NAME
STREET ADDRESS	HERMANN-LONS-STR 7	2 3 STREET ADDRESS HANS-SACHS STR. #10
CITY-ST-ZIP	WEST GERMANY 00000	2 4 CITY-ST-ZIP OEHRINGEN, GERMANY
TITLE	ST	3 1 TITLE ☐ Change ☐ Addition
NAME	SWOBODA, RUDOLF	3 2 NAME
STREET ADDRESS	3035 5TH AVE NORTH	3 3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBUR, FL 00000	3 4 CITY-ST-ZIP
TITLE	PD	4 1 TITLE ☐ Change ☐ Addition
NAME	SCHLEGEL, WOLFGANG	4 2 NAME
STREET ADDRESS	14115 63RD WAY NORTH	4 3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	4 4 CITY-ST-ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		6 4 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)(k), 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: [signature] S/TR. 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
SWOBODA SEC./TR.

0357201 CP