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

PROFIT Feb 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (0)M. ORR-HART, INC. Principal Place of Business Mailing Address % ROMA R. SHUTT % ROMA R. SHUTT 4581 SAWMILL DR EAST 4581 SAWMILL DR EAST ESTERO FL 33928 ESTERO FL 33928 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/02/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 11-2635935 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name SHUTT, ROMA R. 4581 SAWMILL DR. E. Street Address (P.O. Box Number is Not Acceptable) ESTERO FL 33928 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. Roma SHUTT (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PD 1.1 Title ☐ Change ☐ Addition SHUTT, ROMA R. NAME 1.2 NAME 4581 SAWMILL DR E STREET ADDRESS 1.3 STREET ADDRESS **ESTERO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE STD 21 TITLE Change Addition SHUTT, WARD S. NAME 22 NAME 4581 SAWMILL DR E STREET ADDRESS 23 STREET ADDRESS **ESTERO FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Change Addition SHUTT, WARD S JR NAME 3.2 NAME 4 WINSTON RD. STREET ADDRESS 3.3 STREET ADDRESS E. LYME CT 06333 CITY-ST-7IP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

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 suppliemental 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

2/9/98

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED