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FILED
Feb 11 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 # P94000034022 (1)

1. Corporation Name
HAZMAT CORPORATION

Principal Place of Business

HAZ/MAT/CORP
P.O BOX 217
HILLIARD FL 32046
US

Mailing Address

PO BOX 217
HILLIARD FL 32046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

59-3242956

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 8024 Ingham Rd.

Suite, Apt. #, etc.

22

City & State

23 Hilliard, Florida

Zip

Country

24 32046

25 U.S.

2a. Mailing Address

26 P.O. Box 217

Suite, Apt. #, etc.

27

City & State

28 Hilliard, Florida

Zip

Country

29 32046

30 U.S.

9. Name and Address of Current Registered Agent

AKIN, ALBERT W
608 INGHAM RD
PO BOX 217
HILLIARD FL 32046

10. Name and Address of New Registered Agent

81 Name Akin, Albert W.
82 Street Address (P.O. Box Number is Not Acceptable)
8024 Ingham Rd.
83
84 City Hilliard, FL 85 Zip Code 32046

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME AKIN, ALBERT W
STREET ADDRESS 608 INGHAM RD C/O PO BOX 217
CITY-ST-ZIP HILLIARD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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

Albert W. Akin

2/12/98

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CR2E034 (10/97)