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Mar 26 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 # **S04815** **(4)**

1. Corporation Name
FLORIDA BELTING COMPANY

Principal Place of Business	Mailing Address
11398 SPACE BLVD. ORLANDO FL 32821 US	11398 SPACE BLVD. ORLANDO FL 32821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1990

2. Principal Place of Business	2a. Mailing Address
21 11398 Space Blvd	26 560 Edgewood Ave, NE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Atlanta, GA
Zip 24 32837 / Country 25 US	Zip 29 30312 / Country 30 US

4. FEI Number: 58-0145290 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, LINDA 11398 SPACE BLVD. ORLANDO FL 32821	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 32837

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	KEY, ERNEST D., JR.		1.2 NAME	Key, Teresa L.	
STREET ADDRESS	560 EDGEWOOD AVENUE, N.E		1.3 STREET ADDRESS	560 Edgewood Ave., N.E.	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta, GA 30312	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KEY, ERNEST D., JR.		2.2 NAME		
STREET ADDRESS	560 EDGEWOOD AVE., N.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, STEVEN J.		3.2 NAME		
STREET ADDRESS	560 EDGEWOOD AVE. N.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEARD, JAMES L.		4.2 NAME		
STREET ADDRESS	560 EDGEWOOD AVE., N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BREEN, WILLIAM H., JR.		5.2 NAME		
STREET ADDRESS	108 E. PONCE DE LEON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAIER, FRANK, JR.		6.2 NAME		
STREET ADDRESS	3225 PEACHTREE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ Teresa L Key 3/20/98 (404) 688-0985