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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Apr 21 1998 8:00am
Secretary of State

DOCUMENT # **246420** **(4)**

1. Corporation Name
DAYTONA BOLT AND NUT CO.

Principal Place of Business
815 N BEACH ST
P.O. BOX 1391
DAYTONA BEACH FL 32114

Mailing Address
815 N BEACH ST
P.O. BOX 1391
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1961

2. Principal Place of Business
21 —
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 —
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number **59-0936027** 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**
HAWKINS, ALFRED E.
121 S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32014

10. **Name and Address of New Registered Agent**
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	JAMES, BRUCE A	
STREET ADDRESS	131 RIVERBEACH DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	☐ DELETE
NAME	JAMES, DAVID A.	
STREET ADDRESS	9 CROSSINGS TRAIL	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	S	☐ DELETE
NAME	JAMES, JOYCE C.	
STREET ADDRESS	644 N. HALIFAX	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	☐ DELETE
NAME	POWELL, HAROLD	
STREET ADDRESS	2120 E. STATE RD. 40	
CITY-ST-ZIP	DELEON SPGS. FL	
TITLE	T	☐ DELETE
NAME	JAMES, GARY R.	
STREET ADDRESS	58 NEPTUNE AVE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	☐ DELETE
NAME	JAMES, N. SCOTT	
STREET ADDRESS	28 LAUREL OAKS CIRCLE	
CITY-ST-ZIP	ORMOND BCH. FL	

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	T	☒ Change ☐ Addition
5.2 NAME	JAMES, GARY R	
5.3 STREET ADDRESS	48 CHOCTAW TR	
5.4 CITY-ST-ZIP	ORMOND BCH FL 32174	
6.1 TITLE	V	☒ Change ☐ Addition
6.2 NAME	JAMES N. SCOTT	
6.3 STREET ADDRESS	65 S. ST. ANDREWS TERRACE	
6.4 CITY-ST-ZIP	ORMOND BCH FL 32174	

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 attached amendment, or on an annual report.

SIGNATURE

CR2E034 (10/97)