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
Feb 18 1998 8:00am
Secretary of State

DOCUMENT # **262502** **(8)**

1. Corporation Name
NITRAM, INC.

Principal Place of Business
5321 HARTFORD STREET
PO BOX 2968
TAMPA FL 33601

Mailing Address
5321 HARTFORD STREET
PO BOX 2968
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1962

4. FEI Number
59-0996364
☐ 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
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

9. **Name and Address of Current Registered Agent**
KERR, DAVID C.G., ESQ.
111 EAST MADISON STREET
TAMPA FL 33601

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 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Typed or Printed Name of Person Signing) (Title of Person Signing) (Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	HARRIS, JOHN F	
STREET ADDRESS	STATE RD 35-AL	
CITY-ST-ZIP	DADE CITY FL	
TITLE	ST	☐ DELETE
NAME	SCHLINDWEIN, P E	
STREET ADDRESS	5321 HARTFORD ST	
CITY-ST-ZIP	TAMPA, FL 0	
TITLE	D	☐ DELETE
NAME	BRANCH, GREG	
STREET ADDRESS	335 N. E. WATULA AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	WEBB, DON	
STREET ADDRESS	312 N BUENA VISTA DRIVE	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	VD	☐ DELETE
NAME	DAVIS, EDGAR	
STREET ADDRESS	WILL DUKE RD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	☐ DELETE
NAME	TUNNO, W C	
STREET ADDRESS	1010 CITRUS	
CITY-ST-ZIP	HAINES CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5321 HARTFORD ST.	
1.4 CITY-ST-ZIP	TAMPA,FL 33619	
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 is added in Block 13 with an address.

SIGNATURE: [signature] 2/11/98 813-626-2181

CR2E034 (10/97)