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

FLORIDA DEPARTMENT

PROFIT

Apr 17 1998 8:00am CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of Sta Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (1)308551 EASY FLOAT PRODUCTS, INC. Mailing Address Principal Place of Business 6205 TANAGER PLACE 6205 TANAGER PLACE TEMPLE TERRACE FL 33617 **TEMPLE TERRACE FL 33617** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1966 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1152142 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 8. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Ζιρ 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent À1 Name CANTO, PHILIP P Street Address (P.O. Box Number is Not Acceptable) 6205 TANAGER PLACE R2 TEMPLE TERRACE FL 33617 83 64 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. SIGNATURE Signature, Typed or printed namin of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE **PSTD** TITLE 1.2 NAME NAME CANTO, PHILIP P **6205 TANAGER PLACE** 1.3 STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 (ITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY - ST - ZIP Change Addition ■ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

Philip P. Canto

FILED

4-10-98