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

FILED Mar 04 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 356189 (1) PAUL R. THEEN, INC., Principal Place of Business Mailing Address 920 BAYSHORE DRIVE 920 BAYSHORE DRIVE ENGLEWOOD FL 34223 **ENGLEWOOD FL 34223** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1969 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1393911 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 30 ☐ Yes ΠÑο 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THEEN.PAUL R 920 BAYSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 33533 83 84 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE PD 1.1 TITLE THEEN, PAUL R NAME 1.2 NAME 920 BAYSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE TITLE 2.1 TITLE ☐ Change Addition NAME THEEN, DAVID R. 2.2 NAME STREET ADDRESS 916 BAYSHORE DRIVE 2.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE 3.1 TITLE Change ☐ Addition THEEN, LUCILLE K NAME 3.2 NAME 920 BAYSHORE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 13 if changed, or on an attachment with an address. 1/22/00

CITY-ST-ZIP