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

**FILED** Feb 18 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** # 450984 (0) LINE POWER, INC. Principal Place of Business Mailing Address 428 CHILDERS ST 428 CHILDERS ST PO BOX 7049 PO BOX 7049 PENSACOLA FL 32534-9630 PENSACOLA FL 32534-0049 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1531422 Not Applicable Suite, Apt. #. etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zφ 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JONES, HORACE RAYMOND 2451 BROOKPARK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32534 **B3** 84 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, typind or priored name of requirered agent and title it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ☐ Addition JONES, HORACE RAYMOND NAME 1.2 NAME 2451 BROOKPARK ROAD STREET ADDRESS 1.3 STREET ADORESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition JONES, JOANN H NAME 2.2 NAME 2451 BROOKPARK ROAD STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE

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 fursion 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.

5.2 NAME

61 TITLE

6.2 NAME

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

C. Jours, Pres.

DELETE

856-968-9582

Change

Addition