FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name 557679 (8)H.L.T., INC. Principal Place of Business Mailing Address LAU. JEFFREY L LAU. JEFFREY L 818 N BOULEVARD 818 N BOULEVARD DO NOT WRITE IN THIS SPACE DELAND FL 32720 DELAND FL 32720 3. Date Incorporated or Qualified 01/19/1978 2. Principal Place of Business 2a. Mailing Address Applied For 768 768 21 26 59-1803712 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be SELAND 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible USA 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAU, JEFFREY L 818 N BOULEVARD nber is Not Acceptable) 82 Street Addres DELAND FL 32720 83 2724 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. PRESIDENT <u>Jeffre</u> SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITI F 1 1 TITLE Change TIMKO, JEFFREY L. NAME 1.2 NAME 608 WESTCHESTER DRIVE STREET ADDRESS 1.3 STREET ADDRESS DELAND FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME LAU, JEFFREY L. 768 YALE DRIVE STREET ADDRESS 2.3 STREET ADDRESS DELAND FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HAYMAN, STEPHEN W. NAME 3.2 NAME 818 N. BLVD. STREET ADDRESS 3.3 STREET ADDRESS DELAND FL CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE 4.1 TITLE Change ___ Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME

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 attachment with an address.

SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS