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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **841913** **(7)**

1. Corporation Name
HUFFY SERVICE FIRST, INC.

Principal Place of Business	Mailing Address
8521 GANDER CREEK DRIVE MIAMISBURG OH 45342	8521 GANDER CREEK DRIVE MIAMISBURG OH 45342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1978**

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)

4. FEI Number: **31-0930291** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TONKON, I E		1.2 NAME		
STREET ADDRESS	8521 GANDER CREEK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMISBURG OH		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	MOLEN, RICHARD L.		2.2 NAME	Boyce, William S.	
STREET ADDRESS	225 BYERS RD.		2.3 STREET ADDRESS	8521 Gander Creek Dr	
CITY-ST-ZIP	MIAMISBURG, OH 00000		2.4 CITY-ST-ZIP	miamisburg, OH 45342	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MICHAUD, NANCY A.		3.2 NAME		
STREET ADDRESS	225 BYERS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMISBURG, OH 00000		3.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	4.1 TITLE	VT	☐ Change ☒ Addition
NAME	ALLEN, MICHAEL W.		4.2 NAME	Pohlman, Stephen J	
STREET ADDRESS	8521 GANDER CREEK DRIVE		4.3 STREET ADDRESS	8521 Gander Creek Dr	
CITY-ST-ZIP	MIAMISBURG OH		4.4 CITY-ST-ZIP	miamisburg, OH 45342	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRAHM, CLIFFORD		5.2 NAME		
STREET ADDRESS	8521 GANDER CREEK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMISBURG OH		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	CASH, RONALD H		6.2 NAME	Deborah A. Powell	
STREET ADDRESS	8521 GANDER CREEK DR		6.3 STREET ADDRESS	8521 Gander Creek Dr	
CITY-ST-ZIP	MIAMISBURG OH		6.4 CITY-ST-ZIP	miamisburg, OH 45342	

CR2E034 (10/97)

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.