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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 856045

(0)

PULLMAN-HOLT CORPORATION

FILED Apr 29 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 10702 N. 46TH ST. 10702 N. 46TH ST. P.O. BOX 16647 P.O. BOX 18647 DO NOT WRITE IN THIS SPACE TAMPA FL 33687 **TAMPA FL 33687** 3. Date Incorporated or Qualified 04/07/1983 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 06-1085278 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Г Trust Fund Contribution Added to Fees 23 28 Country Zıp Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 Zip Code City 85 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 Stgnature, typed or printed name of registered agent and title if appossable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITI F 1.2 NAME NAME HALLUSKA, THOMAS 18007 CLEAR LAKE DRIVE 1.3 STREET ADDRESS STREET ADDRESS LUTZ FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE CALLAHAN, PATRICK 2.2 NAME NAME 200 W MADISON STREET 23 STREET ADDRESS STREET ADDRESS CHICAGO FL CITY-ST-ZIP 2.4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE NAME BAKER, JEFFREY J. 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 46 JENNIFER RD. GLENVILLE NY 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME SCHNEIDER, ROBERT NAME 4.3 STREET ADDRESS 2413 BAY SHORE BLVD #1703 STREET ADDRESS TAMPA FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **EUKOVICH, ROBERT** 2636 BRIDLE DRIVE 5.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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

3/20/01

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