FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION May 13 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # F18133 (1)THE GEHL CORPORATION Principal Place of Business Mailing Address M SE SAD AVE 868 SE 3RD AVE SUITE SOI SUITE 201 FT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33316 3. Date immrated or Qualified 02/02/81 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2132342 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zio · Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GEHL, 'JOSEPH E. Street Address (P.O. Box Number is Not Acceptable) 888 SE 3RD AVENUE SUITE #201 FT. LAUDERDALE, FL. 33316 84 City Zip Code 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 of corporation of directors. I hereby accept the appointment as 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 TITLE ☐ DELETE ☐ Addition 11 TM E Change GEHL JOSEPH E NAME 1.2 NAME 888 SE 3RD AVE STE 201 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Addition NALIF 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TIFLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-DP 3.4. CITY-ST-ZIP DELETE Change Addition Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MAME 5.2 NAME STREET ACCRESS **5.3 STREET ADORESS**

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 of supplier print a musl report is the end 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 corposition for the report of the corposition for the corposition for the corposition for the report of the corposition for the corposition for

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-24

STREET ADDRESS

MLE

NAME

Josev4 E Golf Pres 4/27/98

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954-522-5200

Addition