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

Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) SPECIALTY SCREW, INC. Principal Place of Business Mailing Address 7088A ISLE OF CAPRI RD 7066A ISLE OF CAPRI RD NAPLES FL 34114 NAPLES FL 34114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2170225 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROUSSEAU, HERBERT R 7066A ISLE OF CAPRI ROAD 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34114 83 84 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, 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 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition BROUSSIAU, HERBERT R. NAME 1.2 NAME 7066A ISLE OF CAPRI RD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34114 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE BROUSSEAU, CHRISTINE M NAME 2.2 NAME 7066A ISLE OF CAPRI RD STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34114 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 THILE **BROUSSEAU, PAUL** NAME 3.2 NAME 7066A ISLE OF CAPRI RD STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP

FILED

Change

☐ Addition

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 chapter 607 and a statutes.

SIGNATURE: HEREBY OF SENTING AND AND SECTION OF SENTING AND SECTI

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP