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

14. I hereby certify that the information indicated on this annual report of officer or director of the corporator Block 12 or Block 13 If changid

PROFIT Feb 03 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #

1. Corporation Name F51666 (8) REGECHA, INC. Principal Place of Business Mailing Address 2261 INDUSTRIAL BLVD 2261 INDUSTRIAL BLVD SARASOTA FL 34234 SARASOTA FL 34234 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1981 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 59-2134885 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCOTT, GERI 3629 MINEOLA DR 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 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** Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE PD 1.1 TITLE SCHWARZ, RENATE NAME 1.2 NAME CR2E034 3629 MINEOLA DR STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE VPΩ 2.1 TITLE **SCHWARZ, GEORG** NAME 2.2 NAME 3629 MINEOLA DR STREET ADORESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE Change Addition SCHWARZ, CHRISTOF NAME 3.2 NAME 3629 MINEOLA DR **STREET ADDRESS** 3.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition DELETE TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DEL ETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all 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 eliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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