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

CITY-ST-ZIP

14. I hereby certify that the infolmatindicated on this annual roport officer or director of the corporation of the corporation

May 01 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 #** F92000000680 (0) KWIK-WALL OF FLORIDA, INC. Principal Place of Business Mailing Address 607 S ALEXANDER ST 607 S ALEXANDER ST PLANT CITY FL 33566 PLANT CITY FL 33566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3147015 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 e. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 NAPIER, BARRY L 4107 THACKERY WAY 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33567 83 City Zip Code 11. Pursuant to the provisions of Sections 687.8509 and 607-5599, FRAGE Statistis, 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 Registored Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 1111.6 NAME **NEISEWANDER, RAY H III** 1.2 NAME 1010 EAST EDWARDS STREET ADDRESS 1.3 STREET ADDRESS **SPRINGFIELD IL 62703** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NEISEWANDER, RAY H JR 2.2 NAME STREET ADDRESS **468 TIMBERLAND DRIVE** 2.3 STREET ADDRESS CITY-ST-ZIP DIXON IL 61021 2.4 CITY-ST-ZIP Addition DELETE XX Change TITLE 31 TITLE NAME CAZDA, MARKY 3.2 NAME Gazda, Mark 1010 EAST EDWARDS STREET STREET ADDRESS 3.3 STREET ADDRESS SPRINGFIELD IL 62703 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME NAPIER, BARRY 4. 2 NAME 4107 THACKERY WAY STREET ADDRESS 4.3 STREET ADDRESS PLANT CITY FL 33567 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 THILE NAME GRAY, SANDRA 52 NAME STREET ADDRESS 1010 E. EDWARDS ST 5.3 STREET ADDRESS SPRINGFIELD IL 62703 CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE Channe Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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

> > Barry Namier

4-24-98

(813)759-8867

FILED