

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004595 (4)

1. Corporation Name

POWERLINE PRODUCTS, INC.

Principal Place of Business

624A LOVEJOY ROAD
FT. WALTON BEACH FL 32548
US

Mailing Address

P.O. BOX 340
FT. WALTON BEACH FL 32549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

59-3213884

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STRICKLAND, MAGDALENA
207 MARQUETTE STREET
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

THOMAS JOHN ALDERTON

82 Street Address (P.O. Box Number is Not Acceptable)

424 PELHAM RD

83

FORT WALTON BCH

84 City

FL

85

Zip Code

32548

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 to be 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)

2/15/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME BERGNER, FRANK A
STREET ADDRESS AMNA KLEIN STRASSE 2
CITY-ST-ZIP 69126 SCHWABACH, GERMANY

TITLE ☐ DELETE

DPST
NAME ALDERTON, THOMAS J
STREET ADDRESS 424 PELHAM ROAD
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME ALDERTON THOMAS J
STREET ADDRESS 424 PELHAM ROAD
CITY-ST-ZIP FORT WALTON BEACH FL 32548

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.3 STREET ADDRESS ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address.

CR2E034 (10/97)