FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005379 (2)

1. Corporation Name
NISSCO, INC.

Principal Place of Business
PO BOX 2227
BONITA SPRINGS FL 33959

Mailing Address
PO BOX 2227
BONITA SPRINGS FL 33959

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0295897 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

JONES, ROBERT G
9220 BONITA BEACH RD
SUITE 215
BONITA SPRINGS FL 33923

10. **Name and Address of New Registered Agent**

81 Name: Thomas B. Haines
82 Street Address (P.O. Box Number is Not Acceptable): 9220 Bonita Beach Rd.
83 Suite 215
84 City: Bonita Springs FL 85 Zip Code: 33923

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] Thomas B. Haines, Pres. 6/3/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	CT	☐ DELETE
NAME	HAINES, THOMAS B	
STREET ADDRESS	9220 BONITA BEACH RD, SUITE 215	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	P	☒ DELETE
NAME	JONES, ROBERT G	
STREET ADDRESS	9220 BONITA BEACH RD, SUITE 215	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	S	☐ DELETE
NAME	HAINES, RICHARD M	
STREET ADDRESS	1400 CAREW TOWER, 441 VINE ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
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	PCT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	300001864133	
5.3 STREET ADDRESS	-06/17/96--01054--034	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	5-1-96	
6.4 CITY-ST-ZIP	ACB	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Thomas B. Haines 2/29/96 941-597-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #