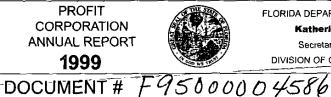
**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS.

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90019 044 \*\*\*150.00

1. Corporation Name				
Advanced Strategies Agency, Inc.			 	
			* 4 9 8 7 498732 - 90019	3 2 * 1-44
Principal Place of Business	Mailing Address		<u> </u>	
362 North Main Street 362 North Main Street			_	
Huron, OH 44839 Huron, OH 44839			DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualifed	
			September 21, 1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 362 North Main Street	26 362 North Main	Street _	34-1605027	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee-Required –
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23 Huron, Ohio	Huron, Ohio		Trust Fund Contribution	Added to Fees
Zip Country		untry	8. This corporation owes the current year In	
24 44839 25 USA	_ <del> </del>	USA	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent  81 Name			10. Name and Address of New Registered Agent	
Garry N. Savage, Sr.		Name		
13105 Vanderbilt Drive, Unit 107		82 Street Addre	Address (P.O. Box Number is Not Acceptable)	
Naples, FL 33963		83		
		100)		
		84 City	F	
<ul> <li>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.</li> </ul>				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE				
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE  APPLICATION AND DIFFECTORS IN 12				

OFFICERS AND DIRECTORS 12. Change Addition ☐ DELETE 1.1 TITLE TITLE President 1.2 NAME NAME Garry N. Savage, Sr. 362 North Main Street 1,3 STREET ADDRESS STREET ADDRESS Huron, OH 44839 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE Vice-President NAME 2.2 NAME Jeffrey S. Ward 2.3 STREET ADDRESS STREET ADDRESS 374 North Main Street 2 4 CITY-ST-ZIP CITY-ST-ZIF Huron, OH 44839 das Tille Change Addition Executive Vice-President and Sec. Tr TITLE 3.2 NAME NAME Garry N. Savage, Jr. 3.3 STREET ADDRESS STREET ADDRESS 362 North Main Street Huron, OH 44839 CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

President

419-433-5291