## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION

ANNUAL REPORT 1998

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500005210 (8)

DIGITIZED DOCUMENTS, INC.

Principal Place of Business Mailing Address 1946 N. 13TH ST. 1946 N. 13TH ST. TOLEDO OH 43624

**FILED** Apr 30 1998 8:00am Secretary of State



**TOLEDO OH 43624** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1995 2 Principal Place of Business
21 609 SOUTHARD AVE 20. Mailing Address
609 SOUTHARD 4. FEI Number Applied For 34-1737062 26 Not Applicable 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 TOLEDO, OH TO LE DO. OH 23 Trust Fund Contribution Added to Fees Country ZiD Country 8. This corporation owes or has paid the current year Intangible 43624 US 43624 24 US Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NORTON, GERALD L 333 FALKENBURG RD., N., #402 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33619 83 84 City Zip Code is of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered it, 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE ☐ Change \_\_\_ Addition NORTON, DAVID G NAME 1.2 NAME **5473 BAYSHORE RD** STREET ADDRESS 1.3 STREET ADDRESS **OREGON OH** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change TITLE 2.1 TITLE ☐ Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change ☐ Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change TITLE 61 TITLE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 of 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 attagrament with an address.

4/50/08