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

Mailing Address

P.O. BOX 1639

2a. Mailing Address

Suite, Apt #, etc.

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27

LAND O'LAKES FL 34639-1639

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 311 S. DIVISION ST.

CARSON CITY NV 89703

2. Principal Place of Business

Suite. Apt. #. etc.

21

NAME

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

03/12/1997

88-0373685

5. Certificate of Status Desired

4. FEI Number

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000001246 (4)

CONTRACT GRINDING, INC.

22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zıp Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KUENZEL, DIANE V P.A. 4111 LAND O'LAKES BLVD., STE. 302-D Street Address (P.O. Box Number is Not Acceptable) LAND O'LAKES FL 34639 63 Zip Code City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME NAME SHOAF, E. EUGENE 1.3 STREET ADDRESS 311 S. DIVISION ST. STREET ADDRESS **CARSON CITY NV 89703** 1.4 City-ST-ZiP CITY-ST-ZIP Change Addition QELETE 21 TITLE NAME SHOAF, ARRON 2.2 NAME STREET ADDRESS 311 S. DIVISION ST. 2.3 STREET ADDRESS CARSON CITY NV 89703 2.4 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE TITLE 3.1 TITLE MCCROREY, SHARON L 32 NAME NAME 3056 LAKE PDGETT DR. 3.3 STREET ADDRESS STREET ADDRESS LAND O'LAKES FL 34639-5006 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY ST-ZIP Change Addition DELETE 61 TITLE TITLE

6.2 NAME

63 STREET ADDRESS

6.4 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.