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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **F97000003420 (3)**

1. Corporation Name
PREMIER INDUSTRIES, INC.

Principal Place of Business
1019 PACIFIC AVE. SUITE 1501
TACOMA WA 98402

Mailing Address
1019 PACIFIC AVE. SUITE 1501
TACOMA WA 98402

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
07/01/1997

4. FEI Number
91-1334428
☐ 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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALL, MICHAEL R		1.2 NAME		
STREET ADDRESS	1019 PACIFIC AVE, SUITE 1501		1.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98402		1.4 CITY-ST-ZIP		
TITLE	CFOV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES R		2.2 NAME		
STREET ADDRESS	1019 PACIFIC AVE, SUITE 1501		2.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98402		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES R		3.2 NAME		
STREET ADDRESS	1019 PACIFIC AVE, SUITE 1501		3.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98402		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA, MICHAEL P		4.2 NAME		
STREET ADDRESS	1019 PACIFIC AVE, SUITE 1501		4.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98402		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAMFORD, CALVIN D JR		5.2 NAME		
STREET ADDRESS	602 NORTH "E" ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98403		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: James R Johnson James R Johnson 2/6/98 253-572-5444