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

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2) VENICE AUTO MACHINE, INC. Principal Place of Business Mailing Address 331 CAMION ST 331 CAMION VENICE FL 34292 VENICE FL 34929 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1983 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2251451 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Y Yes 24 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FREYEISEN, ERIC 331 CAMION Street Address (P.O. Box Number is Not Acceptable) 82 **VENICE FL 34292 B3** City Zip Code 11. Pursuant to the provisions of Soctions 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. Q. Truster Registered Alert signature required when reinstating) Evil 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change FREYEISEN, LYDIA A. 1.2 NAME P.O. BOX 3855 (2208 SEABOARD) STREET ADDRESS 1.3 STREET ADDRESS VENICE FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FREYEISEN, EIRC NAME 2.2 NAME 331 CAMION STREET ADDRESS 2.3 STREET ADDRESS **VENICE FL** CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 71P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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.

SIGNATURE: LYDIA A. Freyeisen

FILED