FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H07352 (8)SERVTRONICS, INC. Principal Place of Business Mailing Address C/O DALE R. SPEARS C/O DALE R. SPEARS 6953 UNIVERSITY BLVD. 6953 UNIVERSITY BLVD. WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32792 3. Date Incorporated or Qualified 06/11/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2419790 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SPEARS, DALE R. 6953 UNIVERSITY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 84 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Change SPEARS, DALE R. NAME 1.2 NAME 6953 UNIVERSITY BLVD. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition LORENZI, LINDA B. NAME 2.2 NAME 8953 UNIVERSITY BLVD. STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Спалде Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITEF 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition

6.4 CITY - ST - ZIP 14. Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental ennual 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 receipter 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 in Chapter 607 or on an entackment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

DELETE

407-677-8191

Change

Addition

CR2E034