APPROVED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AND AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B; Mortham 1998 HAR 23 AH 9: 12 ANNUAL REPORT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA 1997/ DIVISION OF CORPORATIONS DOCUMENT # (0) H07761 CHRISTMAN PRODUCTS CORPORATION Principal Place of Business Mailing Address 1646 N. LAKE MEADOW CIRCLE 1646 N. LAKE MEADOW CIRCLE PO BOX 2176 PO BOX 2176 DO NOT WRITE IN THIS SPACE **BRANDON FL 33510-4069** BRANDON FL 33510-4069 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1984 08/02/1996 Mailing Address P.O. Box 2176 2. Principal Place of Business Applied For 21 2501 Whis 26 59-2409297 Not Applicable Suite, Apt #, etc Suite, Apl. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 4069 City & State
Brandon City & State \$5.00 May Be 6. Election Campaign Financing 33510 Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 25 HHAS PARCY 9 29

9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes ☐ No 30 10. Name and Address of New Registered Agent 81 Name A.G.C. CO. 1800 BARNETT PLAZA Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Avenue 82 201 SOUTH ORANGE AVENUE 83 ORLANDO FL 32801 SunTrust Center, Suite 2300 City 84 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, and accept the appointment as registered agent. I am familiar with, and accept the pulpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a provision of the corporation 32802 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (4/97 DELETE TITLE 1.1 TOLE MAROSCHER, RUDOLF NAME 1.2 NAME CR2E034 36135 SALEM GRANGE ROAD STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*980.00 \*\*\*\*900.00 SALEM OH CITY-ST-ZIP 14 C(TY - ST - ZIP ■ DELETE Change \_\_\_ Addition 2.1 TITLE TITLE MAROSCHER, BARBARA C. 2.2 NAME NAME 36135 SALEM GRANGE RD STREET ADDRESS 2.3 STREET ADDRESS **SALEM OH** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE MAROSCHER, VICTOR W. REINSTATEMENT NAME ® 3.2 NAME **SOMERSET DRIVE** STREET ADDRESS 3.3 STREET ADDRESS SALEM OH CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE & CHRISTMAN, GREGORY 4. 2 NAME NAME 1046 N. LAKE MEADOW CIR STREET ADDRESS 4.3 STREET ADDRESS **BRANDON FL** CITY-ST-21P 4.4 CITY-ST-ZIP DELETE Change Addition TOTLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I do 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 arroual 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.

91

Grage G. Christman