STREET ADDRESS

SIGNATURE:

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 06 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)H81054 ROD COMPONENTS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1617 W. HWY. 98 PO BOX 1319 CARRABELLE FL 32322 CARRABELLE FL 32322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1985 2. Principal Place of Business 2a. Mailing Address Applied For 59-2584563 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, DON L. HC 62 BOX 4545 D Street Address (P.O. Box Number is Not Acceptable) **CARRABELLE FL 32322** 83 City R4 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition DAVIS, SHEILA A. NAME 1.2 NAME HC 62 BOX 454 D STREET ADDRESS 1.3 STREET ADDRESS CARRABELLE FL 32322 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME DAVIS, DON L. 2.2 NAME HC 62 BOX 454 D STREET ADDRESS 2.3 STREET ADDRESS CARRABELLE FL 32322 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE MALE 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-SI-ZIP Change Addition TITLE ☐ DELETE 6.1 TITLE

> **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

> > 850.697-3307

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 organ attachment with an address.

SIGNATURE:

SIGNATURE: