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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # H95438



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90074 020 \*\*\*150.00

1. Corporation Name

TITAN PRODUCTS, INC.

Principal Place of Business Mailing Address 2233 34TH WAY 2233 34TH WAY LARGO FL 34641 **LARGO FL 34641** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/22/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2632598 Not Applicable 21 26 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 28 Trust Fund Contribution Added to Fees Country Country This corporation owes the current year Intangible ☐ Yes □No 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TECHLER, MARK Street Address (P.O. Box Number is Not Acceptable) 2233 34TH WAY ST. PETERSBURG FL 34641 83 Zip Code 337 84 City 85 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2F034-/11/08) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change TITLE 11TITLE NAME TECHLER, MARK 1.2 NAME STREET ADDRESS 2233 34TH WAY NO. 1.3 STREET ADDRESS LARGO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE Addition TECHLER, THOMAS NAME 22 NAME STREET ADDRESS 2233 34TH WAY NO. 2.3 STREET ADDRESS LARGO FL 2, 4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 4.1 TTLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change TITLE 5.1 TITLE ☐ Addition 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE □ DELETE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

727-531-177C