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

FILED Mar 13 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** # J04595 H & H INSTRUMENTS, INC. Mailing Address Principal Place of Business % JOSEPH HORVATH % JOSEPH HORVATH 4950 CRESCENT TECH CRT. U.S. 1 SO. ST. AUGUSTINE FL 32086 4950 CRESCENT TECH CRT. U.S. 1 SO. DO NOT WRITE IN THIS SPACE ST. AUGUSTINE FL 32086 3. Date Incorporated or Qualified 03/17/1986 Applied For 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 59-2760224 Not Applicable \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Zφ Yes □ No Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HORVATH, JOSEPH **4950 CRESCENT TECHNICAL COURT** Street Address (P.O. Box Number is Not Acceptable) U.S. 1 SO. ST. AUGUSTINE FL 32086 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 DELETE Change Addition 1.1 TITLE TITLE HORVATH, JOSEPH 1.2 NAME NAME 6920 CYPRESS LAKE COURT 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE SCHROEDER, DIRK, M 2 2 NAME NAME 864 QUEEN RD 2 3 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 2 4 C(TY - ST - Z(P CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-7P DELETE Change Addition 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZiP Addition

14. Thereby 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 reject 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.

TITLE

NAME

STREET ADDRESS

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change