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

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (3)J81781 T & D PRODUCTS, INC. Principal Place of Business Mailing Address 6950A 108TH AVENUE NORTH LARGO FL-8464PM-6950A 108TH AVENUE NORTH LARGO FL-94843-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1987 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 26 59-2821459 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 38777 Yes □ No 25 20 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MAYNARD, THEODORE J 2852 MEADOW VIEW AVE Street Address (P.O. Box Number is Not Acceptable) LARGO, 84847-84 City 11. Pursuant to the provisions of Socions 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 11 TITLE Change Addition MAYNARD, THEODORE J. NAME 1.2 NAME 2852 MEADOWS VIEW AVE STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY - ST - ZIP 1.4 City-St-7iP DELETE Change TITLE 2.1 TITLE Addition MAYNARD, DIANE C. NAME 2.2 NAME 2852 MEADOW VIEW AVE STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITI F 4.1 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 on an attachment with an address. 541-7317 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY+ST-ZIP