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

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J91456 (0)**GALAXY FIREWORKS, INCORPORATED** Principal Place of Business Mailing Address 204 E MARTIN LUTHER KING 204 E MARTIN LUTHER KING BLVD TAMPA FL 33603 TAMPA FL 33603 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1987 Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 26 59-3092878 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 凶 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζıρ Country Z(p)Country 8. This corporation owes or has paid the current year Intangible 24 30 ☐ Yes Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HUNNEWELL, SHARON L. 17300 RIVERSTONE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 Zip Code 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 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 fability with, and accept the objects of Section 607.0505. Florida Statutes. SIGNATURE gistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11TITLE NAME HUNNEWELL, SHARON L 1.2 NAME 17300 RIVERSTONE DRIVE STREET ADDRESS 13 STREET ADDRESS CITY-SI-ZIP LUTZ FL 33549 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE 2.2 NAME NAME HUNNEWELL, DANIEL T. 17300 RIVERSTONE DRIVE 2.3 STREET ADDRESS STREET ADORESS **LUTZ FL 33549** CITY-SI-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition 6 1 TITLE Change

FILED

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 is 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 is 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, Florida Statutes. 813-234-22 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS