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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

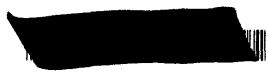
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J97778

Troglen, Inc.

FILED Jun 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 810 6th Street South 810 6th Street South Safety Harbor, FL 34695 Safety Harbor, FL 34695 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2854667 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes X No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MIZIO, ARMANDO F Name 25400 US 19 N., STE. 210 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33763** 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. May 1, 1998 SIGNATURE the of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Addition TITLE 1.1 TITLE Change 1.2 NAME NAME Troglen, Robert 1.3 STREET ADDRESS STREET ADDRESS 810 6th Street South Safety Harbon, Florida 34695 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 2.1 IITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY-ST-ZIP CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 5.1 TITLE Change 5.2 NAME 700002571867 -06/25/98--01012--040 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 6.1 TITLE NAME 6.2 NAME STEET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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.

SIGNATURÉ:

Robert Troglen - President 05/01/98

(813)726-1851