SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) PROFIT Jul 30 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # K06081 (9)TRANS GLOBAL INDUSTRIES, INC. Principal Place of Business Mailing Address % WILLIAM C. CARSWELL % WILLIAM C. CARSWELL 10640 47TH ST., N. 10640 47TH ST., N. CLEARWATER FL 34622-5018 CLEARWATER FL 34822-5018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1988 Mailing Address 2. Principal Place of Business 21 12890 Automobile Blad Applied For **.** 0. 59-2858747 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ity & State \$5.00 May Be 6. Election Campaign Financing err wat Trust Fund Contribution Added to Fees Ointry 8. This corporation owes or has paid the current year Intangible 29 33 SS 26 TINELLAS Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARSWELL, WILLIAM C. 10640 47TH STREET NORTH 62 **CLEARWATER FL 34820 B3** 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. RSWELL SIGNATURE (NOTE: Registered Agent signature required when re-installing) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DPS DELETE 1.1 TITLE Addition NAME CARSWELL, WILLIAM C. 12 NAME 12890 10640 47TH ST., N. STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETÉ Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- \$1-ZIP DELETÉ TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE Change Addition TITLE 5.1 TILE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do 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 receives or trustee empswered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Vaslan

REOHRED

appears in Block 12 or Block 13 if