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

FILED **PROFIT** Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K15161 (8)TEREPKA'S CUSTOM COUNTERS. INC. Principal Place of Business Mailing Address 435 1ST AVE NW 435 1ST AVE NW LARGO FL 34840 LARGO FL 34640 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2876058 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intengible 24 25 29 33770 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TEREPKA, ROY 426B W. BAY DR 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34840** 83 Zip Code 33770 84 City 11. Pursuant to the provisions of Sections 607.05.02 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, typical or pointed name of registered agent and take it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE. Change 11 TITLE Addition TITLE TEREPKA, JANICE 12 NAME NAME 426 W. BAY DR. 13 STREET ADDRESS STREET ADORESS LARGO FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TEREPKA, ROY NAME 2.2 NAME 426 W. BAY DR. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TIFLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE

> 6.2 NAME 6 3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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 supplienced 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.

2-3-98 813-584-7338