ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

IGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K47832

| FILED | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| Jul 13, 1999 8:00 am | | | | | | | | | |
| Secretary of State | | | | | | | | | |
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07-13-1999 90003 020 ***550.00

| Corporation | Hallio | | – – – | • | | | | | | | <u> </u> | | |
|--|--|---------|----------------------|----------------|---------------------|------------------|------------------|--------------|-------------|----------------|--|--|--|
| VENUS MANUFACTURING, INC. | | | | | | | | | | | - 586842 - 90003 - 20 (2003) 61 3181 1003 1018 (110) 6161 6161 6161 6161 6161 6161 6161 | | |
| | | | | | | | | | | | | | |
| incipal Place of Business Mailing Address | | | | | | | | | | | - I 19810iti dii dibii sebot (dide ticid ilbi dibic bibli dibii dibis bibli dide | | |
| 11 MARCO BEACH DRIVE 11711 MARCO BEACH DRIVE | | | | | | | RIVE | | | | | | |
| TE 6 SUITE 6 | | | | | | | 704 E | E | | | DO NOT WRITE IN THIS SPACE | | |
| CKSONVILLE FL 32224-7615 JACKSONVILLE FL 32224-76 US | | | | | | 1LLE FL 32224 | -/615 | 3 | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | | | | | 11/21/1988 | | |
| Principal P | lace of Busin | | | 2a. | 2a. Mailing Address | | | | | | 4. FEI Number Applied For | | |
| · · · · · · · · · · · · · · · · · · · | | | | | 26 | | | | | | 59-2930386 Not Applicable | | |
| Suite, Apt. | #, etc. | | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| | | | | 27 | | | | | | | Fee Required | | |
| City & Stat | e | | | 28 | City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | 1,1,111 | C | ountry | — | Zip | | Cou | untry | | | 8. This corporation owes the current year | | |
| • | 25 | | | 29 | | | 30 | | | | Intangible Personal Property. Yes No | | |
| | 9. Name | and A | ddress of Curren | t Regist | ered A | gent | | | | | 10. Name and Address of New Registered Agent | | |
| DDAI | NT MOOD | - 148 | CDOMALD 9 14/6 | 110 D | ٨ | | | 81 | Name | | | | |
| | I. LAURA S | | CDONALD & WE | LLO, F. | м. | | | 82 | Street | Addres | ss (P.O. Box Number is Not Acceptable) | | |
| | E 3100 | 11144 | 1 | | | | | 83 | | | | | |
| | (SONVILLE | FL 3 | 2202 | | | | | 03 | | | | | |
| | | | | | | | | | City | FL 85 Zip Code | | | |
| Pursuant | to the provis | ions a | f sections 607.0502 | 2 and 607 | 7.1508. | , Florida Statu | tes, the ab | ove- | named o | orpora | ation submits this statement for the purpose of changing its registered | | |
| office or | registered ac | ient, o | r both, in the State | of Florid | a. Suc | h change was | authorize | d by | the corp | oration | n'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. GNATURE | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag | | | | | | | | gent signati | re require | | | | |
| .E | PTD | | OFFICERS AN | DDIREC | TORS | | 13. | | | г— | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition | | |
| AE | | SNYD | FR ROGER R | | | DELETE | 1.2 N/ | | | | Change Addition | | |
| EET ADDRESS | REINFENSNYDER, ROGER R 11200 ST. JOHNS IND. PKWY: 1 | | | | 1711 Marco Bea | | | | | | | | |
| Y-ST-ZIP | JACKSON | | | | | ville | | | ₽ 22 | 24 | | | |
| LE | VS | | | <u> </u> | | DELETE | 2.1 TF | | | | Change Addition | | |
| ME | REINFEN | SNYD | er, letitia f | | 2.2 | | | | 2.2 NAME | | | | |
| EET ADDRESS | DRESS 11200 ST. JOHNS IND. PKWY. | | | | | 1171-1- Marco Be | | | | | | | |
| Y-ST-ZIP | JACKSON | MLL | FL | Jac | ksc | nville | | | ZP3.2 | 224 | | | |
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| EET ADDRESS | | | | | | | | | ADDRESS | | • | | |
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| AE I | | | | | | ☐ DETE!E | 4.2 N/ | | | | Change Z Acoust | | |
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| Æ | | | | | | | 6.2 N/ | | *DDDCCC | | | | |
| EET ADDRESS | | | | | | | 6.3 \$1 | KEET | ADDRESS | | | | |

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 chapted, or on an attachment with an address.