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

**FILED PROFIT** May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #** (7)K92659 COB INDUSTRIES, INC. Mailing Address Principal Place of Business 7610 CORAL DR P O BOX 361175 **MELBOURNE FL 32936-1125** W. MELBOURNE FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1989 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 13/2646538 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip X Yes Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name O'BRIEN, CLETUS F., JR 7610 CORAL DR Street Address (P.O. Box Number is Not Acceptable) W. MELBOURNE FL 32904 Zip Code City 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. SIGNATURE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Addition □ DELETE Change 1.1 TITLE TITLE veronica, 17 0'Brien O'BRIEN, CLETUS F., JR 1.2 NAME NAME 147 Kristi Dr. 8485 SO TROPICAL TRAIL 1.3 STREET ADDRESS STREET ADDRESS Indian Harbor Beach Fl. 3293 MERRITT ISLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE O'BRIEN, RUTH M. 2.2 NAME NAME 8485 SO TROPICAL TRAIL 2.3 STREET ADDRESS STREET ADDRESS MERITT ISLAND FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS Helbourne Shores, F1 32951 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 or an attachment with an address.

SIGNATURE:

\*\*REACHY-SI-ZIF\*\*

| \*\*ACHY-SI-ZIF\*\*
|

STREET ADDRESS

CITY-ST-ZIP