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

Apr 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)L85713 **ALLIED FIBERGLASS INDUSTRIES, INC.** Principal Place of Business Mailing Address % JONATHAN E. HAUSBURG % JONATHAN E. HAUSBURG 3104 N TAMIAMI TRAIL 3104 N TAMIAMI TRAIL DO NOT WRITE IN THIS SPACE SARASOTA FL 34234 SARASOTA FL 34234 3. Date Incorporated or Qualified 07/02/1990 2. Principal Place of Business 2a. Mailing Address Applied For 1145 - 13TH AVE EAST P 0 BOX 186 26 65-0228043 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing PALMETTO, FL PALMETTO. 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA USA 25 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAUSBURG, JONATHAN E. J. HOMER EDMONSON 3104 N TAMIAMI TRAIL Address (P.O. Box Number is Not Acceptable) Stree SARASOTA FL 34234 83 Zip Code 34221 ornits this statement for the purpose of changing its registered are stated in the statement as registered are stated in the state of t 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 office or registered agent, or both, in the State of Florida. Such change was gent. I am familiar with, and accept the obligations of, Section 607.0505 J. HOMER EDMONSON, PRESIDENT Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 XXX Change DELETE ☐ Addition TITLE EDMONSON, J. HOMER NAME 1.2 NAME P. O. BOX 186 N/A c/o 1145 - 13TH AVE E PALMETTO, FL 34221 STREET ADDRESS 1.3 STREET ADDRESS **PALMETTO FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TJJ46 NAME 2 NAM 6.3 STREET ADDRESS STREET ADDRESS

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for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information could be and that my signature shall have the same legal effect as if made under oath, that I am an execute this ecoclar required by Chapter 607, Florida Statutes; and that my name appears in

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14. I hereby certify that the information supplied with his filing does not qualifindicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empoyared Block 12 or Block 13 if changed, or on an attachment with an address.

J. HOMER EDMONSON

FILED