FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)M91872 MATERIALS, INC. Principal Place of Business Mailing Address 6251 44TH ST N 6251 44TH ST N 1921 1921 PINELLAS PARK FL 34665 DO NOT WRITE IN THIS SPACE PINELLAS PARK FL 34665 3. Date Incorporated or Qualified 08/01/1988 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2906929 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHIERHOLZ, JOHN C. 6251 44TH ST N Street Address (P.O. Box Number is Not Acceptable) **SUITE 1921** PINELLAS PARK FL 34665 83 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME SCHIERHOLZ, JOHN C. 1.2 NAME CR2E034 STREET ADDRESS 6251 44TH ST N 1921 1.3 STREET ADDRESS PINELLAS PARK FL CITY - ST - ZIP 1.4 CITY - ST - 7/P TITLE ☐ DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. 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 in changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

___ Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EQUITERNC, Schierhilz **SIGNATURE**