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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # P00396



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Katherine Harris Secretary of State**

02-18-1999 90070 039 ***150.00

· Corporation	i Maille				
VIKING (of Indiana, Inc.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	de				
D.i. i. I. Dive		Mailing Address			il Bigit Eten Eiski bigit bjøt 1681
R.R. #9 P.O. BOX 130 P.O. BOX 130					
COLUMBIA CITY IN 46725 COLUMBIA CITY IN 46725				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
				12/27/1983	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		35-1051586	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc. .⊯	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23	5	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐ Yes 💆 No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	ad Agent
			81 Name		,
MCSWIGAN, JAMES A.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
505 S. FLAGLER DR. STE 600				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
W. P	ALM BEACH FL 33401-2903		83		
			84 City	. क्रिकेट के कि दिए के कि क्षेत्र के क्षेत्र के कि	85 Zip Code
-31				F	_ 1
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.					
agent I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if popliophia (NOTE	: Registered Agent signature require	d when reinstatina) DATE	
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	5 105 (535)	Change Addition
NAME	SCHWENN, MARY		1.2 NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRÉSS			1.3 STREET ADDRESS	•	
CITY-ST-ZIP	COLUMBIA CITY IN		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHWENN, DONALD A.		2.2 NAME		l
STREET ADDRESS	P.O. BOX 130 R. R., ##, N/A		2.3 STREET ADDRESS		[
CITY-ST-ZIP	COLUMBIA CITY IN		2.4 CITY-ST-ZIP		
TITLE	D,	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME TO	LETTENBERGER, PETER J.		3.2 NAME		
STREET ADDRESS	411 E WISCONSIN AVE.		3.3 STREET ADDRESS	14、原列性熱感知識增殖難的	6.05年2.20 36.00 M
CITY-ST-ZIP	MILWAUKEE WI	C DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	VP	☐ DELETE	4.1 TITLE	 * * * * * * * * * * * * * * * * * * *	1.1 a *[] Otsnido F13 [L] Macidon
NAME	SCHWENN, STEVEN M		4. 2 NAME		
STREET ADDRESS	P.O. BOX 130 R.R. #3, N/A		4.3 STREET ADDRESS		
C/TY-ST-ZIP TITLE	COUMBIA CITY IN 46725	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		ا مادد اد	5.2 NAME	11/2/11/20	
STREET ADDRESS			5.3 STREET ADDRESS	A CONTRACT	-
CITY-ST-ZIP	{ t		5.4 CITY+ST+ZIP	CAST CO.	
TITLE	3	☐ DELETE	6.1 TITLE		Change Addition
NAME	4		6.2 NAME)
STREET ANDRESS	[C 80		6.3 STREET ADDRESS		

CITY-ST-ZIP 14. 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 of changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: