FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P02776 (3)R.F. WOLTERS CO., INC. Principal Place of Business Mailing Address 4585 BERKELEY LAKE ROAD SOUTH 3715 VINELAND ROAD ORLANDO FL 30071 NORCROSS GA 30071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For NORCKOSS 45855.De 58-1093612 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be NORUROSS 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 3007 24 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 ß1 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 Zip Code 85 .1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. 11. Pursuant to the provise office of registered ag (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE Change Addition TITLE 1.1 TITLE WOLTERS, RICHARD F. NAME 1.2 NAME 4585 BERKELEY LK RD. S STREET ADDRESS 1.3 STREET ADDRESS NORCROSS GA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition WOLTERS, LORELLEE A. NAME 2.2 NAME 4585 BERKELEY LK RD. S STREET ADDRESS 2.3 STREET ADDRESS **NORCROSS GA** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE WOLTERS, GARRETT F. NAME 3.2 NAME 4585 BERKELEY LK RD. S STREET ADDRESS 3.3 STREET ADDRESS **NORCROSS GA** 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE WOLTERS, GREGORY R NAME 4. 2 NAME 4585 BERKELEY LN RD S STREET ADDRESS 4.3 STREET ADDRESS **NORCROSS GA** 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 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

does not quarky for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and a curate and that my signature shall have the same legal effect as if made under oath; that I am an be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY-ST-ZIP

14. Thereby certify that the information supplied with this hing does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trubbe em Block 12 or Block 13 if changed, or on accuttachment with an accuracy.