FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)P08172 N & D INDUSTRIES, INC. Principal Place of Business Mailing Address 4390 SW THISTLE TERRACE 4390 SW THISTLE TERRACE P O BOX 770 P O BOX 770 PALM CITY FL 34990 PALM CITY FL 34990-0770 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1985 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 31-0603403 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SNYDER, RICHARD H 81 Name 4390 SW THISTLE TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) P O BOX 770 PALM CITY FL 34990 R3 84 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 required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Change ☐ Addition TITLE DELETE 1.1 TITLE SNYDER, RICHARD H. <u>8</u>8 NAME 1.2 NAME 4390 SW THISTLE TERR. STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY-ST-7/P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PASKO, PATRICIA JEAN NAME 2.2 NAME 6594 S. TWP. RD. 17 STREET ADDRESS 2.3 STREET ADDRESS **MELMORE OH** CITY - ST- ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition SNYDER, NANCY E. NAME 3.2 NAME 4390 S.W. THISTLE TERR. STREET ADDRESS 3 3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ 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

62 NAME

14. Thereby 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

6.3 STREET ADDRESS 6.4 City - St - Zip

4/24/98

TITI F

NAME

STREET ADORESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an altachment with an address.

CITY-ST-ZIP

Change

119-397-2232

Addition