FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22817** **(1)**

1. Corporate Name
OLD LINE COMPANY

Principal Place of Business
1620 LANDS END RD
MANALAPAN FL 33462

Mailing Address
1620 LANDS END RD
MANALAPAN FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1989**
3a. Date of Last Report: **07/07/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **52-0889618** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has outstanding tax under 5.109 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHWARTZ, JOSEPH
1620 LANDS END RD
MANALAPAN FL 33462

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.0505, 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 hereby accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: ✓ Harry Hochman — ✓ Apr. 26, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PT	TYPE	☐ Change ☐ Addition
NAME	SCHWARTZ, JOSEPH	NAME	
STREET ADDRESS	1620 LANDS END RD	STREET ADDRESS	
CITY, ST, ZIP	MANALAPAN FL	CITY, ST, ZIP	
TYPE	VS	TYPE	☐ Change ☐ Addition
NAME	HOCHMAN, HARRY	NAME	
STREET ADDRESS	2300 HIDDEN GLEN DR.	STREET ADDRESS	
CITY, ST, ZIP	OWINGS MILLS MD	CITY, ST, ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	SCHWARTZ, JOSEPH	NAME	
STREET ADDRESS	1620 LANDS END RD	STREET ADDRESS	
CITY, ST, ZIP	MANALAPAN FL	CITY, ST, ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	HOCHMAN, HARRY	NAME	
STREET ADDRESS	2300 HIDDEN GLEN DR	STREET ADDRESS	
CITY, ST, ZIP	OWINGS MILLS MD	CITY, ST, ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, including, if applicable, attached pro rata fees, qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the preceding report or supplemental annual report filed on or before and that any signature shall have the same legal effect as if made under oath that I am familiar with the provisions of the requirements to produce an accurate and complete report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and has been attached with an address.

SIGNATURE: ✓ Harry Hochman — ✓ April 26, 1995 — ✓ 401.997.0467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Telephone Number

0270001 CP