| FILE   | NOW: FILING FEE AF   | TER MAY 1ST IS \$   | 550.   | 00 ( ()                           | manded   |                      |  |
|--|--|---|--|-----------------------------------|--|----------------------|--|
| PROFIT CORPORATION ANNUAL REPORT                       |  | FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS       |  | FSTATE                            |  |                      |  |
| COMENT # P93000013670                                  |  |   |  | -                                 | 99 APR 19 AH 9: 22   |                      |  |
| DOUGLA   | IS JOHN TRADING COMPANY  | ť   |  |                                   | William State State State  | <u>1</u> E           |  |
|  | <del></del>  | <del></del>   |  |                                   |  |                      |  |
| Principal Place<br>2320 HELEN ST<br>CANTON OH 44<br>US |  | Mailing Address<br>2520 HELEN OF NW<br>CANTON OH 44708  |  |                                   | DO NOY WRITE IN THIS SPACE   |                      |  |
|  |  |   |  |                                   | 3. Date incorporated or Qualified 02/12/1993   |                      |  |
| =  | nch Insurance Agencies Pty., Ltd.  | c/o Bob Lynch Insurance Agencies Pty., Ltd.   |  | ies Pty., L                       | LICE OF CARPORT  | Applicable           |  |
| 30 Bayfield<br>Bellerive, T                            | -  | 30 Bayfield Street  Bellerive, Tasmania,  |  |                                   | 5. Certificate of Status Desired  \$8.75 A Fee Rec   |                      |  |
| Australia  |  | Australia   |  | ustralia                          | 6. Election Campaign Financing Trust Fund Contribution Added to  |                      |  |
|  |  | 1**1  |  |                                   | 8. This corporation owes the current year Intangible Personal Property Tax.  | <b>≾</b> No          |  |
|  | 9. Name and Address of Current F   | Registered Agent  | 8  | 1 Name                            | 10. Name and Address of New Registered Agent   |                      |  |
| 1133   | tis, dotty<br>10 St. Johns Industrial PKWY.<br>Ksonville Fl 32246  |   | 82 Street Adds                                     |                                   | Address (P.O. Box Number is Not Acceptable)  |                      |  |
|  |  |   | 8  | 4 City                            | F1 85 Zip C  | ode                  |  |
| 11. Pursuant<br>office or n                            | to the Provisions of Sections 607.0502 a<br>egistaged agent or both, in the State of<br>im familiary accept the obligation | and 607.1508, Florida Statutes,<br>Florida, Such change was authors of, Section 607.0505, Florida | the abo<br>orized b<br>Statute                     | ve-named c<br>y the corpor<br>is. | corporation submits this statement for the purpose of changing its r<br>oration's board of directors. I hereby accept the appointment as reg | egistered<br>istered |  |
| SIGNATURE  | Signerage, would of printed name of registered agent a   |   |  | ent signature rec                 | equired when reinstating) DATE   |                      |  |
| 12.  | OFFICERS AND   | DIRECTORS DELETE  | 13.  | γ                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR   | S IN 12              |  |
| NAME<br>STREET ADDRESS                                 | MARAGAS, DOUGLAS J On April 36,<br>2520 HELEN ST., NW 1999<br>CANTON OH  |   | 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE |                                   | President Bob Lynch 30 Bayfield Street  President Bafin on heri  |                      |  |
| CITY-ST-ZP   |  |   |  |                                   | Bellerive, Tasmania, Australia   |                      |  |
| TITLE<br>NAME  | S<br>Maragas, Douglas J  |   |  | 1                                 | Secretary  Bob Lynch  Boylin On Africa   | Addition             |  |
| STREET ADDRESS<br>CITY-ST-ZIP                          | 2520 HELEN ST N.W.<br>CANTON OH  | 1999  | 2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |                                   | 30 Bayfield Street Bellerive, Tasmania, Australia  | 11 30                |  |
| TILE /   | C) DELETE  |   | 3.1 TITLE  |                                   | ☐ Change ☐ Ar  |                      |  |
| STREET ACORESS   | ·  |   | 3.2 NAME<br>3.3 STREET ADDRESS                     |                                   | FDDDD28553463<br>-04/28/9901087008   |                      |  |
| TITLE  | DELETE   |   | 3.4 CITY-ST-ZIP<br>4.1 TITLE                       |                                   | ****\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 1 OF Addition        |  |
| NAME   |  |   | 4, 2 NAME  |                                   |  |                      |  |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS                                 |                                   |  |                      |  |
| TILE   | ☐ DELETE   |   | 5.1 TITLE  |                                   | Change   | Addition             |  |
| NAME<br>STREET ADDRESS                                 |  |   | 5.2 NAME<br>5.3 STREET ADDRESS                     |                                   |  |                      |  |
| CITY-ST-ZIP  |  | <u></u>   | 5.4 C(TY+ST+Z)P                                    |                                   |  |                      |  |
| TILE   |  | ☐ DELETE  | ☐ DELETE 6.1 TITLE 6.2 NAME                        |                                   | C) Orange  | Addition             |  |
| STREET ADDRESS   |  |   | i  | ET ADORESS                        | ( 以)   |                      |  |
| Cr ZP  | j  |   | 6.4 CITY   | ST-ZIP                            |  |                      |  |

1. nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes I further certify that the information indicated on this annual report of 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 childrent of 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 if chapted, of an attachment with an address, with all other like empowered.

SIGNATURE:

Description of the children of the childr