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 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036820 (7)**

1. Corporation Name

SMYRNA PRODUCTS, INC.

Principal Place of Business	Mailing Address
3966 CRESTRIDGE DR NEW SMYRNA BEACH FL 32169	SMYRNA PRODUCTS, INC PO BOX 651 NEW SMYRNA BEACH FL 32170 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/17/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3188917	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2315 Guava Drive	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Edgewater, Florida	28 City & State
24 Zip: 32141 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSS, WILLIAM L JR 221 N CAUSEWAY NEW SMYRNA BEACH FL 32170-1268	81 Name: William & Phyllis Hahnlein 82 Street Address (P.O. Box Number is Not Acceptable): 3966 Crestridge Drive 83 84 City: New Smyrna Beach FL 85 Zip Code: 32168

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: Phyllis E. Hahnlein Phyllis E. Hahnlein V.P. 4/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☒ Change ☐ Addition
NAME	HAHNLEIN, WILLIAM H	1.2 NAME		
STREET ADDRESS	3966 CRETRIDGE DR	1.3 STREET ADDRESS	3966 Crestridge Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE		☒ Change ☐ Addition
NAME	HAHNLEIN, PHYLLIS E	2.2 NAME		
STREET ADDRESS	3966 CRETRIDGE DR	2.3 STREET ADDRESS	3966 Crestridge Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: Phyllis E. Hahnlein 4/26/95 (904) 427-8525
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Phyllis E. Hahnlein

0404170 FP