FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000088894 (9) DOCUMENT #

THE FLUSHMASTER CORPORATION

Principal Place of Business Mailing Address 10570 FRONT BEACH RD. 10570 FRONT BEACH RD. PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0461474 Not Applicable Sulte, 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 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 28 30 Personal Property Tax due June 30. ☐ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 HESS, BRIAN D Name 9108 FRONT BEACH RD 62 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32407 83 84 City Zip Code 85 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. TITLE DELETE 1.1 TITLE Change Addition BRADLEY, JAMES W. NAME 1.2 NAME 7318 S LAGOON DR STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TIDE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ■ Addition

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

6.3 STREET ADDRESS

6.2 NAME

FILED

May 04 1998 8:00am

Secretary of State