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

FILED Feb 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000023984 (5) **BLUE BOLT CORPORATION** Principal Place of Business Mailing Address 5109 CLEVELAND STREET 5109 CLEVELAND STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1994 2. Principal Place of Business 20. Mailing Address FEI Number Applied For 65-0485872 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Zιρ Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 Personal Property Tax due June 30. 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SEEBERG, JOHN **5109 CLEVELAND STREET** Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 84 City 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 profied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE SEEBERG, JOHN NAME 1.2 NAME 5109 CLEVELAND STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-S1-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition WARREN, JOSEPH D. NAME 2.2 NAME 1726 ROOSEVELT STREET STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 2.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition TITLE 3 I TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

64 City-St-ZiP

14. I hereby 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 suppliemental 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 of 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:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

(954)920-6152

Change

☐ Addition