FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 P**R**OFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUL 24 PM 1:20 P94000036206 (8) DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA REMAN'USA, INC. Principal Place of Business Mailing Address 2461 ROLAC ROAD 2461 ROLAC ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1994 2. Principal Place of Business 21 829 HAINES ST 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3229610 Not Applicable Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing JACKSONVILLE FL Trust Fund Contribution Added to Fees 23 28 Žφ Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 [] No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHIELDS, ROBERT 81 2461 ROLAC ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and bild if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE **S**HIELDS, VIRGINIA P NAME 1.2 NAME 30000260**149**3----07/29/98--01055--<u>0</u>08 **2461 ROLAC RD** STREET ADDRESS 1.3 STREET ADDRESS ACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ****150.00-DELETE TITLE 2.1 TITLE SHIELDS, ROBERT D NAME 2.2 NAME **24**61 ROLAC RD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE TITLE 3.1 THILE ■ Addition SHIELDS, GARY W 3.2 NAME NAME **2461 ROLAC ROAD** STREET ADDRESS 3.3 STREET ADDRESS jacksonville fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP