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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000039360 (0)** 

POWDER SYSTEMS, INC.

Principal Place of Business Mailing Address 14344 S.E. 131ST PLACE P.O. BOX 1580 OKALWAHA FL 32183 OCKLAWAHA FL 32183 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 05/18/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3248299 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip  $Z_{(0)}$ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent MURDOCK, DEBORAH J 81 Name 14344 S.E. 131ST PLACE Street Address (P.O. Box Number is Not Acceptable) OKLAWAHA FL 32183 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 THUE TITLE MURDOCK, DEBORAH J NAME 1.2 NAME 14344 S.E. 131 PLACE STREET ADDRESS 1.3 STREET ADDRESS OKLAWAHA FL 1.4 CITY - \$T - ZIP CITY - ST - ZIP DELETE Change Addition

21 TITLE TITLE MURDOCK, MICHAEL L NAME 22 NAME 14344 S.E. 131 PLACE STREET ADDRESS 23 STREET ADDRESS OKLAWAHA FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP City-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP THILE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 6 4 CITY - \$1 - ZIP CITY - ST - ZIP

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 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 or frustree 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:

Debarated Muster

1/29/98 352288-559

FILED

May 15 1998 8:00am

Secretary of State