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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11: 19

DOCUMENT # P94000067462 (9)

1. Corporation Name
NOVA HELMET CORPORATION

Principal Place of Business	Mailing Address
2090 S. NOVA ROAD. NO. U2101 SOUTH DAYTONA FL 32119	2090 S. NOVA ROAD. NO. U2101 SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3288325 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRAZER, ROBERT D 2090 S. NOVA ROAD. STE. AA05 SOUTH DAYTONA FL 32119	81 Name: Edward A. Millis 82 Street Address (P.O. Box Number is Not Acceptable): 1414 W. Granada Blvd. Suite IV 83 84 City: Ormond Beach FL 85 Zip Code: 32174

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] 1-19-95
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	D	1 1 TITLE	D/P ☒ Change ☐ Addition
NAME	GOORHOUSE, DONALD E	1 2 NAME	Glennon L. Hendrix
STREET ADDRESS	160 GULL DRIVE	1 3 STREET ADDRESS	2090 S. Nova Road, #2101
CITY-ST-ZIP	DAYTONA BEACH FL 32119	1 4 CITY-ST-ZIP	South Daytona, FL 32119
TITLE		2 1 TITLE	D/V/S/T ☐ Change ☒ Addition
NAME		2 2 NAME	Patricia L. Hendrix
STREET ADDRESS		2 3 STREET ADDRESS	2090 S. Nova Road, #2101
CITY-ST-ZIP		2 4 CITY-ST-ZIP	South Daytona, FL 32119
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)(k), 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: [signature] 1-19-95 404-756-2239 677-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000681 CP