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 # **P94000075525 (3)**

1. Corporation Name

SHRED MASTER, INC.

Principal Place of Business	Mailing Address
456 LAKEVIEW DRIVE OLDSMAR FL 34677	456 LAKEVIEW DRIVE OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 *2589 Appaloosa Trail*	26	**10/14/1994**

		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**59-3262730**	Not Applicable
22	27		

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 *Palm Harbor, FL*	28	

Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No
24 *34685*	25 *USA*	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POPPE, GARY D 456 LAKEVIEW DRIVE OLDSMAR FL 34677	81 Name *P. Denise Poppe* 82 Street Address (P.O. Box Number is Not Acceptable) *2589 Appaloosa Trail* 83 84 City *Palm Harbor* **FL** 85 Zip Code *34685*

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 *P. Denise Poppe*

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 **P** ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME **POPPE, P. DENISE**	1.2 NAME	
STREET ADDRESS **456 LAKEVIEW DRIVE**	1.3 STREET ADDRESS *2589 Appaloosa Trail*	
CITY-ST-ZIP **OLDSMAR FL 34677**	1.4 CITY-ST-ZIP *Palm Harbor, FL 34685*	
TITLE **V** ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **POPPE, GARY D**	2.2 NAME	
STREET ADDRESS **456 LAKEVIEW DRIVE**	2.3 STREET ADDRESS	
CITY-ST-ZIP **OLDSMAR FL 34677**	2.4 CITY-ST-ZIP	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 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 *P. Denise Poppe*