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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000034807 (4)

HOLLNAGEL U.S.A. INC.

Principal Place of Business

Mailing Address

FILED Mar 16 1998 8:00am Secretary of State



110 3RD ST SOUTH 7380 SAND LAKE RD SUITE 500 1110 3RD S SOUTH 7380 SAND LAKE RD SUITE 500 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 ŪS 3. Date Incorporated or Qualified 04/28/1995 2. Principal Place of Business 2a. Mailing Address Applied For 4, FEI Number 203 N. Primrose 203 N. Primrose Dr 59-3324283 Not Applicable Suite, Apt #, etc Suite, Apt #, etc \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Orland Orlando Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 US A 29 32803 WS A Yes 25 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HOLLNAGEL, RONALD O 1110 3RD ST SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 564 83 ST PETERSBURG FL 33701 64 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. 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 puriod name of registors diagent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 THLE Addition Change NAME HOLLNAGEL, RONALD O 1 2 NAME 1110 3RD ST SOUTH STREET ADDRESS 1.3 STREET ADDRESS 202 4.1 ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Addition 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREFT ADDRESS CITY-ST-ZIP 3 4, CITY-ST-ZIP DELETE 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 DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIF 64 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 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 reserver 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 change 0, pron an attaching my with an address. Block 12 or Block 13 if charig

SIGNATURE