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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044463 (4)

HUFFMAN-FILZMAIER CORPORATION

Principal Place of Business Mailing Address 11 42ND AVE. NORTH 11 42ND AVE. NORTH SUITE 204 SUITE 204 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3317690 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILZMAIER, PETER 11 42ND AVE. NORTH Street Address (P.O. Box Number is Not Acceptable) **SUITE 204** 83 ST. PETERSBURG FL 33713 84 City 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 familia) with 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 familia) with the state of Florida Statutes. 98 Morr 25/ حاو 15maler SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition FILZMAIER, PETER NAME 1.2 NAME 6308 7TH AVE. SOUTH STREET ADDRESS 1.3 STREET ADDRESS **GULFPORT FL 33707** CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition HUFFMAN, RODNEY A NAME 2.2 NAME 5460 57TH AVE, NORTH STREET ADORESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33709 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ___ Addition WALKER, TODD F NAME 3.2 NAME 120 S. HALE ST. STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33609** 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-ZIF 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 of changed of on an attachment with an address.

QUIRED

SIGNATURE: