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

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Morthum **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 98 MAY 12 AM 11:21 DOCUMENT # P95000053238 (8) SECRETARY OF STATE TALLAHASSEE, FLORIDA NAMLOH, INC. Principal Place of Business Mailing Address 1413 NORTH SMITH STREET 1413 NORTH SMITH STREET KISSIMMEE FL 32742 KISSIMMEE FL 32742 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O. BOXH21300 26 21 59-3327542 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Kissimmee П 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Oxcola Yes 25 29 34742 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HOLMAN, WAYNE L 1413 NORTH SMITH STREET 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 32742 83 85 Zip Code 84 City 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 printed name of registered agent and their applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1 1 DILE Change TITI F 900002522**4**53---05/13<u>/</u>98--01110--013 HOLMAN, WAYNE L NAME 12 NAME 1413 NORTH SMITH STREET STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*150.00 KISSIMMEE FL 32742 \*\*\*\*150.00 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 2.1 THILE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 City-St-ZiP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADRESS 5.3 STREET ADDRESS CITY-ST 5.4 CITY-ST-ZIP DELETE Change ■ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 on the receiver of 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 or an articular supplemental and the same legal effect as if made under oath; that I am an officer or director of the corporation on the receiver of 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 or an articular 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 on the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

11/20/10

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