PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600002736

STEAMATIC OF VOLUSIA INC. Principal Place of Business Mailing Address 314 N SEAGRAVE 314 N SEAGRAVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1996 2a. Mailing Address 4, FEI Number Applied For 2. Principal Place of Business 59-3357645 Not Applicable 21 26 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Zip Country Zip Country Yes □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BASHAM, DANNY W Street Address (P.O. Box Number is Not Acceptable) 82 - 4 314 N SEAGRAVE DAYTONA BEACH FL 32114 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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 rega ed agent and title if applical CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition ☐ DELETE 1.1 TIBE 1.2 NAME BASHAM, DANNY W NAME 1.3 STREET ADDRESS STREET ADDRESS **878 QUARTERS CT** PORT ORANGE FL 32119 1.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition DELETE 21 TM F TILE 2 2 NAME NAME 2.3 STREET ADDRES STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TIDE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.5 TITLE MILE 4. 2 NAME NAME 3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 52 NAME NAME

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 conformation 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 with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 City-ST-ZIP

5.4 CITY-ST-ZIP

&1 TITLE

6.2 NAME

DELETE

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Change

Addition

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90056 043 ***150.00