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

PROFIT FLORIDA DEPARTMENT OF STATE FITED CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 97 AUG 27 AM 11:01 DIVISION OF CORPORATIONS 1997 P96000040920 SECTIFIARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** STHL, Inc. Principal Place of Business
1625 Correville Rd 426
Tallahussco, Fl. 323418 Symo 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address X Applied For 26 21 Not Applicable Suite. Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Stephen Ames 1625 Centiville Rd \$26 Street Address (P.O. Box Number is Not Acceptable) 83 Tallahrse, fl. 32308 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 printed name of registered agent and title diapolicable (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Addition 1.1 TITLE Change TITLE Styphen Amist Rd Heb 1625 Central H Rd Heb Thille house fl 32528 1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14 CITY - S1 - ZIP Change Addition 21 11118 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 3 1 TITLE THLE 300002286223---6 -09/05/97--01111--003 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 411111 Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 C+TY - ST - ZIP DELETE 5.1 THUE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP DITETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 eath, 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. CITY-ST-ZIP SIGNATURE: NTED NAME OF SIGNING OFFICER OR DIRECTOR

E; Stephen Ames, Prosident of STHC, Inc wid not recieve my first notice of request for annual mass.

Styl- mo