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

Mar 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000047344 (2) DOCUMENT # TAG-MAN PRODUCTS, INC. Principal Place of Business Mailing Address 3433 US 1 S 3433 US 1 S ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3377912 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PIESCO, MICHAEL A 3433 US 1 S 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32086 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submite 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 if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PSTD DELETE ☐ Change Addition TITLE 1.1 TITLE PIESCO, MICHELE L 1,2 NAME NAME CR2E034 3433 US 1 S STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE TITLE PIESCO, MICHAEL A NAME 2.2 NAME 3433 US 1 S STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE FL 32086 CITY-ST-ZIP 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 3.4. 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 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE

FILED

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 it changed, or on an attachment with an address.

| Chapter Company | Chapter Comp

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP