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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000062768 (2)

HERCULES CERAMIC, INC.

Principal Place of Business	Mailing Address	
9126 DEBBIE LANE HUDSON FL 34669	9126 DEBBIE LANE HUDSON FL 34669	
		3. Date Incorpt 07/25/199
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of
City & State	City & State	6. Election Can Trust Fund C

FILED Feb 03 1998 8:00am Secretary of State

## AUDION FL 3489 ## AUDION FL							
#UDSON FL 34669 ##PICED FOR Qualified 77/25/1998 ##PICED FOR Qualified 77/25/1998 ##PICED FOR BASS STATE IN THIS SPACE ##PICED FOR BASS YBLVD. STE 105 ##PICED FOR BASSY BLVD. STE 105 ##PORT RICHEY FL 34688 ##PICED FOR BASSY BLVD. STE 105 ##PORT RICHEY FL 34688 ##PICED FOR BASSY BLVD. STE 105 ##PORT RICHEY FL 34688 ##PICED FOR BASSY BLVD. STE 105 #	Principal Plac	ce of Business	Mailing Address				a namindut sem sound obser coste units and f entile defin albeit anne desite de le lant
2. Principal Place of Business							DO NOT WRITE IN THIS SPACE
Sulfie, Apt. 4, etc.							· · · · · · · · · · · · · · · · · · ·
Sulfie, Apt. 4, etc.	2. Principal F	Place of Business	2a. Mailing Addr	0S S			4. FEI Number 59 - 3424189 Applied For
City & State Country Country Solution Solution Solution Solution Solution Solution Solution Solution Country Solution Solution Solution Solution Country Solution Solution Solution Solution Solution Solution Solution Country Solution	21			· · · · · · · · · · · · · · · · · · ·			ATTLIEU FUH Not Applicable
City & State	Sulte, Apt.	. #, etc.	Suite, Apt. #,	etç.			I & Carrincate of Status Hestred I I
21p Country Zip Country S. This corporation owes or has paid the current year Intagnible Personal Property Tax due June 30. Yes \(\frac{7}{2} \) No	22						Fee Required
Zip	City & Sta	te	City & State				
9. Name and Address of Current Registered Agent PSETAS, GEORGE C 6710 EMBASSY BLVD. STE 105 PORT RICHEY FL 34668 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 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 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 prived name of registered agent and this 4 applicative. White Programmed 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 prived name of registered agent and this 4 applicative. PVST INITE DELETE 11 ITTLE PVST HAIMALAS, ANDREAS G 9126 DEBBIE LANE 13 STREET ADDRESS 010	23						Trust Fund Contribution
PSETAS, GEORGE C 8710 EMBASSY BLVD. STE 105 PORT RICHEY FL 34668 83 84 City FL 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 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, 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 and familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, hyand or privided name of registered agent and stef applicable. (NOTE Registered Agent signature required when releasing) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 12 MAME THILE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 12 MAME SIRRET ADDRESS DIY'ST-ZP TITLE OBLETE 11 TITLE Change Addition Addition STREET ADDRESS DIY'ST-ZP TITLE OBLETE 31 TITLE Change Addition Addition Addition DELETE 31 TITLE Change Addition Addition Addition DELETE 31 TITLE Change Addition Addition Addition Addition Addition Addition Addition DELETE 11 TITLE Change Addition Addition Addition Addition Addition Addition Addition Addition DELETE 11 TITLE Change Addition ADDITIONS ADDITIONS ADDITIONS AGENT ADDITI	Zip	<u> </u>	Zip	- ⊢	country	,	
PSETAS, GEORGE C 6710 EMBASSY BLVD. STE 105 PORT RICHEY FL 34668 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both. In the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, byward or printed name of registered apport and their applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE PVST	24			30			
PORT RICHEY FL 34688 B2 Street Address (P.O. Box Number is Not Acceptable)			rent Registered Agent				
PORT RICHEY FL 34668 83 84 City FL 85 Zip Code T1. 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 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 and amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title applicable. (MOTE Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MAIMALAS, ANDREAS G 9126 DEBBIE LANE HUDSON FL 34669 14. City - ST - ZiP HUDSON FL 34669 15. Change Addition Addition Addition Addition Addition ADME 32 NAME 32 NAME 33 SIREET ADDRESS CITY - ST - ZiP DELETE 3.1 TITLE 3.2 NAME 3.3 SIREET ADDRESS CITY - ST - ZiP DELETE 3.1 TITLE Change Addition Ad					61	Name	
B3 B4 City FL B5 Zip Code					82	Street A	Address (P.O. Box Number is Not Acceptable)
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 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 alimitary with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privated harve of registered agent and lete 4 applicable.	PO	RT RICHEY FL 34668					· · · · · · · · · · · · · · · · · · ·
TI. 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 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and teller applicable. (NOTE: Registered Agent signature required when reinstating). DATE					83		
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 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and telled applicable					84	City	FI 85 Zip Code
Signature typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when relinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITITLE PVST	office or i	registered agent, or both, in the St	ate of Florida. Such chan	ge was authori	zed by	the corp	corporation submits this statement for the purpose of changing its registered
Signature typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when relinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITITLE PVST	SIGNATURE						
TITLE PVST DELETE 1.1 TITLE			 			ent signature o	
NAME HAIMALAS, ANDREAS G 9126 DEBBIE LANE CITY-ST-ZIP HUDSON FL 34669 1.3 STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP	12.		·				
1.3 STREET ADDRESS		, ,	∐ DE	LETE 1.	1 TITEE	1	☐ Change ☐ Addition
A CITY-ST-ZIP	NAME			1.2	2 NAME		
DELETE D	STREET ADDRESS			1.3	3 STREET	ADDRESS	
NAME	CITY-ST-ZIP	HUDSON FL 34669			4 CITY-S	T-ZIP	
2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TITLE		□ OE	LETÉ 2.	1 TITLE		Change Addition
CITY-ST-ZIP	NAME			2.3	2 NAME		
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addillon	STREET ADDRESS			2.3	STREET	ADDRESS	
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addillon	CITY-ST-ZIP			2.	4 CITY-S	ST-ZIP	
3.3 STREET ADDRESS 3.3 STREET ADDRESS	TITLE		DE	LETE 3.1	1 TITLE		Change Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addillon	NAME			3.2	2 NAME		
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addillon	STREET ADDRESS			3.3	STREET	ADDRESS	
TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE						1	
	TITLE		DE				Change Addition
	NAME		 ·				_ · _ · .

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 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - \$1 - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

1-11-09

Q12.410-7727

Change

Change

Addition

Addition