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

FILED Feb 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000007488 (4) BETHESDA PRODUCTS, INC. Mailing Address Principal Place of Business 195 S. WESTMONTE DRIVE 195 S. WESTMONTE DRIVE SUITE D SHITE D DO NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 01/21/1997 2, Principal Place of Business 2a. Mailing Address Applied For 59-3420786 Same Same 21 26 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 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. ₩ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 HODGES, GEORGE 435 EST SR 434 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 LONGWOOD FL 32750-5219 64 City Zip Code 85 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 if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE Addition President HOOPER, C. DWIGHT 1.2 NAME NAME **CR2E034** rry Thanks 5 s. Westmonte Dr. 195 S. WESTMONTE DRIVE STREET ADDRESS 1.3 STREET ADDRESS Altamonte Springs, FL 32714 ALTAMONTE SPRINGS FL 32714 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TOLE Change TITLE  $\mathtt{Sec}/\mathtt{Tr}$ Peggy K. Hooper 195 S. Westmonte Dr. Altamonte Springs, FL 32714 NAME **2.2 NAME** 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

2/14/9d 100 WA

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 point attachment with an adduss.

CITY-ST-ZIP