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

NAME

STREET ADDRESS

CIGNATI IRE.

CITY-ST-ZIP

FILED Jun 10 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 #

1. Corporation Name P97000027254 (6) HOLDINGS UNLIMITED, INC. Principal Place of Business Mailing Address 101 CHARDIN DR. 101 CHARDIN DR. NOKOMIS FL 34275 NOKOMIS FL 34275 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PUSZÁKOWSKI, RICKY S -ruller 101 OFFIARDIN DR. 82 NOKOMIS FL 34275 Ŕ3 City 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 entigation of, Section 607.0505, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. risidint DELETE ☐ Change TITLE 1.1 TOLF PUSZAKOWSKI, RICKY S NAME 1.2 NAME 101 CHARDIN DR. STREET ADORESS 1.3 STREET ADDRESS NOKOMIS FL 34275 OKOM 15 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE George NAME 2.2 NAME chardn Utive STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 201100255624^{£hange} -06/11/38--01015--017 TITLE 6.1 TITLE

6.2 NAME

14. Thereby 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 supplied entail angula 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 of the receiver of

6.3 STREET ADDRESS

***150.00