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

**FILED** Jun 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandia B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000052919 (2) NORWOLF HOLDING, INC. Principal Place of Business Mailing Address 2137 S.E. FORT KING STREET 2137 S.E. FORT KING STREET OCALA FL 34471 OGALA FL 34471 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59 3452503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TUTEN, RICHARD L Box Number is Not Acceptable 2137 S.E. FORT KING STREET 82 **OCALA FL 34471** 83 ULDING 64 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, 1 am lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Stonature, typed or printed name of registered agent and blield applicable (NOTE: Registered Agent signalure required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE Change TITLE 1111111 JOSEPH BENKOVICH NAME 1.2 NAME 4315 SIE 1774 STREET ADDRESS 1.3 STREET ADDRESS OCALA FIA. CITY-ST-ZIP 1.4 CITY-ST-ZIP Y. PRES. SEC/TRES DELETE Change Addition TITLE 2.1 TITLE RICHARD NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 34471 CITY - ST- ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE \_\_ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE

CITY - \$1 - ZIP 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 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 of the receiver or trustee empower of the execute this report selection by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or organization with an address.

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

352 -461-1890

SUMMER Change

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Addition

Addition