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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000099712 (6)

KRANTZ INDUSTRIES OF S.W. FLORIDA, INC.

FILED Mar 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3300 DAVIS BLVD. 3300 DAVIS BLVD. NAPLES FL 34104 NAPLES FL 34104 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1997 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3490143 Not Applicable 21 26 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 28 Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Jursinski, kevin f 2222 SECOND ST. 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 83 84 City 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 office or registered agont, 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 agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature requ 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE D 1.1 TITLE KRANTZ, TERRY NAME 1.2 NAME 3300 DAVIS BLVD. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME KRANTZ, CONNIE 2.2 NAME STREET ADDRESS 3300 DAVIS BLVD. 2.3 STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP 2. 4 CITY+ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 THEF NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

4. 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 arrural 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 trustace 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.

SIGNATURE: Con