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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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amended1999

P98000038963

Freedom Group-California, Inc.

Table 1

99 NOV - 1 AM 11: 1,6

GEORGIA ANT OF STATE TALLAHASSEE, FLORIDA

783 S. Orange Ave. suite 210 Sarasota, Fl. 34236

783 S. Orange Ave. suite 210

Sarasota

DO NOT WRITE IN THIS SPACE

| | | , | 3. Date Incorporated or Qualifed 04/29/98 | |
|--|---|---|--|--|
| 2 Presignal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 783 S. Orange Ave. | 26 783 S. Oran | ge Ave. | 65-0836514 | Not Applicable |
| 5.05 Ant #. etc 22 suite 210 | Suite, Apt. #, etc 27 Suite 210 | | | 8.75 Additional Fee Required |
| Co., & Steph 23 Sarasota, F1. | City & State 28 Sarasota, F | 1. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Country Country 24 34236 [25 Sarasota | ^{Zip} 34236 30 | Country Sarasota | This corporation owes the current year Intang Personal Property Tax. | ible Yes \[\] No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | |
| 81 Name _ | | | | |
| Brian R. Roskamp 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| James P. Corbett | tess (P.O. Box Number is Not Acceptable) 83 S. Orange Ave. | | | |
| /83 S. Orange Ave. | | | uite 210 | |
| Sarasota, F1. 3423 | 36 | 84 City | arasota FL 8 | 5 Zip Code |
| • | = | | arasota FL poration submits this statement for the purpose of cha | 34236 |
| off + or registered agent or both, in the State | of Tonda Such change was author | orized by the corporati | ion's board of directors. I hereby accept the appointment | ant as registered |
| of the or registered agent of opth, in the State of Tonda. 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. | | | | |
| 20'SYATURE 100' specified name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | |
| · · · · · · · · · · · · · · · · · · · | | | ADDITIONS/CHANGES TO OFFICERS AND D | |
| Ď | ☐ DELETE | | /n | Change Addition |
| Robert Roskamp | | 12 NAME RC | obert Roskamp | |
| 783 S. Orange | | | 783 S. Orange Ave., suite 210 | |
| Sarasota, Fl. | ve., suite 210 | 14 CITY-ST-ZIP | arasota, Fl. 34236 | 210 |
| ; our moove, in it. | [] DELETE | | | Change Addition |
| No. | | 22 NAME JE | ames P. Corbett | |
| A STATE OF THE STA | | 23 STREET ADDRESS 783 S. Orange Aye., suite 210 | | |
| | | 2.4 CITY-ST-ZIP | grasota, FI. 34236 | 210 |
| 1 | DELETE | 3.1 TITLE S/ | | Change Addition |
| 1,100 1,100 | | 3.2 NAME B | rian R. Roskamp | |
| $\delta = -i \int_{0}^{\infty} dt dt$ | | | 00 0 0 | e 210 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 3.4. CITY-ST-ZIP | arasota, F1. 34236 | 210 |
| | ☐ DELETE | 4.1 TITLE | | Change [] Addition |
| ALM. | | 4. 2 NAME | 500003033 | 2154 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 4.3 STREET ADDRESS | -11/02/990 | 1104028 |
| | | 4.4 CITY-ST-ZIP | ****122.50 | ************************************** |
| | [] DELETE | 5.1 TITLE | | Change Addition |
| 5.50 | | 5.2 NAME | | |
| grant Kristina | | 53 STREET ADDRESS | | |
| 18.31.24 | | 54 CITY-ST-ZIP | | |
| * 4 | ☐ DELETE | 6.1 TITLE | | Change Addition |
| Property in the second | | 6.2 NAME | <u> </u> | e |
| Single (April 9) | J | 6.3 STREET ADDRESS | | G, |
| 10 pt 12 | | 6.4 CITY-ST-ZIP | • | |

14. Ehereby 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 and an area 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, with all other like empowered. YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10/28/15 Dale