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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P 980000 40874 1. Corporation Name

DG+H Monufacturing, Inc.

Principal Place of Business 4503 Desour Ref Mailing Address P.O. 13x 1325

May 10, 1999 8:00 am

Secretary of State

05-10-1999 90238 020 ***150.00

Hoine City, F) 33844 DO NOT WRITE IN THIS SPACE Jaines City Fl 33844 3. Date Incorporated or Qualifed Applied For 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes the current year Intangible Zip ZINO Personal Property Tax. ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Ameri Lawyer 343 almeria Aus 82 Street Add 83 Coral Gables F133134 84 City NES 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition ☐ Change TITLE 41 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 5.1 TITLE Change Addition TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ DELETE ____ Change TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP C/TY-ST-ZIP

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 on an attachment with an address, with all other like empowered.