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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90026 023 ***150.00

DOCUMENT # P98000079014 1. Corporation Name K.A.R. MACHINERY INC. Mailing Address Principal Place of Business 5825 LA PUERTA. #364 5825 LA PUERTA. #364 ST PETERSBURG FL 33715 ST PETERSBURG FL 33715 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/11/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country This corporation owes the current year Intangible □No Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KERSEY, ROGER Street Address (P.O. Box Number is Not Acceptable) 5825 LA PUERTA, #364 ST PETERSBURG FL 33715 83 84 85 Zip Code 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE [7] Change 1.1 TITLE TITLE KERSEY, ROGER 1.2 NAME NAME 5825 LA PUERTA, #364 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33715 1.4 CITY-ST-ZIP CITY+ST-ZIP Addition [] Change ☐ DELETE 2.1 TITLE TITLE JOHNSON, DOC 2.2 NAME NAME 3234 MYAKA RIVER RD 2.3 STREET ADDRESS STREET ADDRESS TRAVERES FL 32778. 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETÉ 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP Change 6.1 TITLE Addition C OFFETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 345.00

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP