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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT # S08107**

672 RECOVERY INC.

Mailing Address

5113 LICETA ROAD

Principal Place of Business

5113 UCETA ROAD

TAMPA FL 33619 TAMPA FL 33619 3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/1995 10/22/1990 Applied For FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 59-3036878 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032, 23 Country Country ☐ Yes ☐ No $Z_{\rm IP}$ Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 HAIN, RICHARD L 5113 UCETA ROAD 83 TAMPA FL 33619 Zip Code 84 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.

INOTE Regulated Agent septed an improves when resulting CR2E034 (12/95) SIGNATURE Signature, typed or protest hame of registered all sit a stiffs of application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition Change 12. DELETE 1 1 TITLE TITLE 1.2 NAME HAIN, RICHARD L., SR NAME 1.3 STHEFT ADDRESS 5113 UCETA ROAD STREET ADDRESS 14 CiTY - ST. ZIP **TAMPA FL 33619** Addition Change CITY-ST-ZIP DELETE 2 1 TiLif TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP Addition Change CITY-ST-ZIP DELETE 3 1 TiftE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP ☐ Change Addition CITY - ST - ZIP DELETE 4 1 TIFLE TITLE NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST 7/P Change Addition CITY - ST - ZIP DELETE 5 1 TillsF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - ST - Z(P Addition □1 Change CITY-ST-ZIP DELETE 6 1 little TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

14. Ido hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 certify 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