

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 19 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S47489 (7)  
1. Corporation Name  
AMERICAN NATIONAL BUILDING CORP.

Principal Place of Business  
2400 NE 34 COURT  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address  
2400 NE 34 COURT  
LIGHTHOUSE POINT FL 33064  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1991  
3a. Date of Last Report 04/19/1996

4. FEI Number 65-0259913  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 1160 STH ST LOOP W.  
Suite, Apt. #, etc.  
22 TILLAMOOK OR  
City & State  
23  
Zip 97141 Country USA  
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

WILLIAM E. BLYLER, P.A.  
1881 UNIVERSITY DRIVE, STE. 206  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|----------------------------|---------------------|---|---------------------|
| TITLE                      | PVS                 | 1.1 TITLE   | PVS                 |
| NAME                       | WAUGAMAN, ROBERT N  | 1.2 NAME  | WAUGAMAN, ROBERT N  |
| STREET ADDRESS             | 2400 NE 34 COURT    | 1.3 STREET ADDRESS                                    | 1160 STH ST LOOP W. |
| CITY-ST-ZIP                | LIGHTHOUSE POINT FL | 1.4 CITY-ST-ZIP                                       | TILLAMOOK OR 97141  |
| TITLE                      |                     | 2.1 TITLE   |                     |
| NAME                       |                     | 2.2 NAME  |                     |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                     | 2.4 CITY-ST-ZIP                                       |                     |
| TITLE                      |                     | 3.1 TITLE   |                     |
| NAME                       |                     | 3.2 NAME  |                     |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                     | 3.4 CITY-ST-ZIP                                       |                     |
| TITLE                      |                     | 4.1 TITLE   |                     |
| NAME                       |                     | 4.2 NAME  |                     |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |                     |
| TITLE                      |                     | 5.1 TITLE   |                     |
| NAME                       |                     | 5.2 NAME  |                     |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |                     |
| TITLE                      |                     | 6.1 TITLE   |                     |
| NAME                       |                     | 6.2 NAME  |                     |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |                     |

14. I do 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.

SIGNATURE: [Signature] 8-14-97 3418-21

CR2E034 (4/97)