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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)S83930 CHOICE PRODUCTS, INC. Principal Place of Business Mailing Address 1575 AVIATION CENTER PARKWAY 1575 AVIATION CENTER PARKWAY **SUITE 5278** SUITE 5278 DO NOT WRITE IN THIS SPACE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 Date Incorporated or Qualified 09/30/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3093946 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible ☐ Yes 25 30 Personal Property Tax due June 30. 24 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KEHRIG, BILL 6 SANDPOINT CIRCLE Street Address (P.O. Box Number is Not Acceptable) **ORMOND BEACH FL 32174** 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE KEHRIG, BILL NAME 1.2 NAME 6 SANDPOINT CIRCLE STREET ADORESS 1.3 STREET ADDRESS ORMOND BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition JONES, RON NAME 2.2 NAME 93 CROOKED PINE TRAIL STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BEACH FL CITY - ST - ZIF 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE EDWARDS, JOHN D NAME 3.2 NAME 1001 HILTON AVE 8 LAKE ISLE WAY 3.3 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL YORK, PA 17404 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

1/12/98

904 738 1042

☐ Change

Addition

CR2E034