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

PROFIT CORPORATION ANNUAL REPORT **19**98 DOCUMENT # V07808 Principal Place of Business 1950 MURRELL ROAD SUITE 5 **ROCKLEDGE FL 32955** 2. Principal Place of Business 419 Hawk 21 Suite, Apt. #, etc. 22 City & State ROCKLEDGE 23 UNIT 5

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Mar 03 1998 8:00am Secretary of State

BARREL & SCREW INTERNATIONAL, CORP. Mailing Address 1950 MURRELL ROAD SUITE 5 DO NOT WRITE IN THIS SPACE ROCKLEDGE FL 32955 3. Date Incorporated or Qualified <u>01/01/1992</u> 2a. Mailing Address Applied For P.O. BOX 560866 Not Applicable 59-3093138 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 1.SA usa X Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ESSERY, ROBERT A. 1950 MURRELL ROAD Street Address (P.O. Box Number is Not Acceptable) 82 83 **ROCKLEDGE FL 32955** 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE **ESSERY, ROBERT A** NAME 1.2 NAME 205 PALMETTO AVE STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change __ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - 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.

7-76-98

407-639-9131