| OREAHOMIA OFFI, OR 73123 | | | | |
|--|--|-----------------|------------------------------------|------------|
| FEI Number: 73-1185740 | | | Certificate of Status Desired: Yes | |
| Name and Address of Current Registered Agent: | | | | |
| HOLLOWAY, MARK C/O NRAI SERVICES INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE: MARK HOLLOWAY | | | | 02/01/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | Р | Title | S | |
| Name | SPARKMAN, W.HARVEY | Name | SPARKMAN, RYAN | |
| Address | PO BOX 96558 | Address | P O BOX 96558 | |
| City-State-Zip: | OKLAHOMA CITY OK 73143 | City-State-Zip: | OKLAHOMA CITY OK 73143 | |

3312 SOUTH I-35 SERVICE ROAD OKLAHOMA CITY. OK 73129

Current Principal Place of Business:

F

DOCUMENT# F15000005726

3312 SOUTH I-35 SERVICE ROAD OKLAHOMA CITY, OK 73129

Current Mailing Address:

N

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: MID-WEST HOSE & SPECIALTY INC.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 02/01/2024 PRESIDENT

SIGNATURE: W. HARVEY SPARKMAN

Electronic Signature of Signing Officer/Director Detail

FILED Feb 01, 2024 **Secretary of State** 1155654622CC

Date