FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:37

DOCUMENT # 175806 (9)

1. Corporation Name
PANELFOLD, INC.

Principal Place of Business	Mailing Address
10700 N.W. 36TH AVENUE MIAMI FL 33167	10700 N.W. 36TH AVENUE MIAMI FL 33167

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1953
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0701401 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MERSHON SAWYER JOHNSTON
SE FIN CNTR 200 S BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	DIXON, GUY, E	1.2 NAME		
STREET ADDRESS	16 SNRSE CAY DR OCN REEF	1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo FL 33037	
TITLE	PTD	2.1 TITLE		☒ Change ☐ Addition
NAME	DIXON, GUY, E, III	2.2 NAME		
STREET ADDRESS	1333 BLUE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables FL 33146	
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	DIXON, THOMAS, M	3.2 NAME		
STREET ADDRESS	1935 MCKINLEY STR #2	3.3 STREET ADDRESS	4713 McKinley Street	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	GEYER, ELIZABETH, D	4.2 NAME		
STREET ADDRESS	6915 MAIN ST	4.3 STREET ADDRESS	14725 Balgowan Road #204	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	Miami Lakes FL 33016	
TITLE	VD	5.1 TITLE		☒ Change ☐ Addition
NAME	GEYER, RUSSELL, I, JR	5.2 NAME		
STREET ADDRESS	6915 MAIN ST	5.3 STREET ADDRESS	14725 Balgowan Road #204	
CITY-ST-ZIP	MIAMI LAKES FL	5.4 CITY-ST-ZIP	Miami Lakes FL 33016	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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] THOMAS M. DIXON 1/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0206800 CP