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 JAN 27 AM 9:02

DOCUMENT # 299891 (2)

1. Corporation Name
FENTON HILL FLORIDA, INC.

Principal Place of Business	Mailing Address
% TAMPA INTERNATIONAL AIRPORT LEVEL 3 TAMPA FL 33607	% TAMPA INTERNATIONAL AIRPORT LEVEL 3 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 12/17/1965
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-1151071 ☐ 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

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301

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 _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STACKHOUSE, SUSAN H.	1.2 NAME	
STREET ADDRESS	%TAMPA INT'L AIRPORT LEVEL 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	GELLER, BARBARA	2.2 NAME	GELLER, BARBARA
STREET ADDRESS	10202 BALFORTH	2.3 STREET ADDRESS	8619 PASTORE VIEW LANE
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, DAVID H.	3.2 NAME	
STREET ADDRESS	6741 BAYMEADOW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN BURNIE MD	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	REEDER, VERA LINDA	4.2 NAME	
STREET ADDRESS	% TAMPA INTERNATIONAL AIRPORT LEVEL 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: Susan H. Stackhouse 1/20/95 (813)396-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Susan H. Stackhouse — Daytime Phone #

0442750 FP