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

APPROVED AND FILED

95 MAR -8 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 590935 (3)

1. Corporation Name
JAMES ROSENQUIST, INC.

Principal Place of Business	Mailing Address
P O BOX 4 ARIPEKA FL 34679	P O BOX 4 ARIPEKA FL 34679

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1978
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 11-2335303 ☐ 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

ROSENQUIST, JAMES
3217 SHINE LANE
ARIPEKA FL 34607

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 name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD ☒ Change ☐ Addition
NAME	GRUTMAN, BENNET	1.2 NAME	GRUTMAN, BENNET
STREET ADDRESS	25 W. 39TH ST.	1.3 STREET ADDRESS	275 MADISON AVE
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK NY 10016
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSENQUIST, JAMES	2.2 NAME	
STREET ADDRESS	3217 SHINE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARIPEKA FL 34607	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSENQUIST, JOHN	3.2 NAME	
STREET ADDRESS	3217 SHINE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARIPEKA FL 34607	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: James A. Rosenquist 2-24-95 (904)683-1985
Signature and Typed or Printed Name of Individual and Capacity or Position Date Daytime Phone #

0407874 PN