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 21 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94946 (2)

1. Corporation Name
AMBER GLADES, INC.

Principal Place of Business	Mailing Address
3113 STATE ROAD 580. LOT 59 SAFETY HARBOR FL 34695	3113 STATE ROAD 580. LOT 59 SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1984
3a. Date of Last Report: 03/01/1994

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: 59-2497828 ☐ 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

DAMONTE, JONATHAN J.
7800 113TH ST.
FORTUNE FEDERAL BLDG., SUITE 206
SEMINOLE FL 33542

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	HIGGINS, HAROLD	1.2 NAME	
STREET ADDRESS	3113 ST. RD. 580 #413	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKS, EDGAR	2.2 NAME	
STREET ADDRESS	3113 ST RD 580 #367	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ANNA	3.2 NAME	
STREET ADDRESS	3113 SR 580 #59	3.3. STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	LEAHY, CLAIRE	4.2 NAME	Rose Eddy
STREET ADDRESS	3133 ST. RD. 580 424	4.3 STREET ADDRESS	3113 ST.RD 580 #196
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	Safety Harbor,Fl.
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	ROBERTS, GEORGE	5.2 NAME	Joe Diotalevi #158
STREET ADDRESS	3113 ST. RD. 580 148	5.3 STREET ADDRESS	3113 ST RD 580
CITY-ST-ZIP	SAFETY HARBOR FL	5.4 CITY-ST-ZIP	Safety Harbor
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	HAMIC, JOSEPH	6.2 NAME	Harry Boland
STREET ADDRESS	3113 ST RD 580, #29	6.3 STREET ADDRESS	3113 ST RD 580 284
CITY-ST-ZIP	SAFETY HARBOR FL	6.4 CITY-ST-ZIP	Safety Harbor,Fl

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: Anna Thomas 3/15/95 813-725-1957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANNA THOMAS

0388850 CP