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 MAY -1 AM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 16185

1. Corporation Name

CORE DYNAMICS, INC.

Principal Place of Business	Mailing Address
11222-4 ST JOHNS INDUSTRIAL PARKWAY JACKSONVILLE, FL. 32246	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/3/1987

3a. Date of Last Report: 4/22/1994

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 59-2972267	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 County	29 Zip / 30 County	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DENNIS, WILLIAM G. 11222-4 ST. JOHNS IND. PKY. JACKSONVILLE, FL. 32246	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 the capacity) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D DENNIS, WILLIAM G. 8220 MERGANSER DR. PONTE VEDRA, FL. 32082	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D REIS, TIMOTHY J. 12944 NIGHT HERON CT. JACKSONVILLE, FL. 32224	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP ☐ Change ☐ Addition 600001478236 -05/08/95--01021--014 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP TUS. 5/4/95 ☐ Change ☐ Addition

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 the 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: _____ WILLIAM G. DENNIS, CEO 4/24/95 904 641 6611
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #