FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K54536 (3)

1. Corporation Name

MUD TURTLES INC.

Principal Place of Business	Mailing Address
RT 1 BOX 1366A ANTHONY FL 32617-6801	RT 1 BOX 1366A ANTHONY FL 32617-6801

3. Date Incorporated or Qualified: 12/29/1988

3a. Date of Last Report: 04/11/1995

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: 59-2921712 ☐ 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

~~LEACH, GLYNN W.~~
~~RT 1 BOX 1366A~~
~~ANTHONY FL 32617-6801~~

10. Name and Address of New Registered Agent

81 Name: TARA FINANCIAL SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

83: 489 W. MINNEHAHA AVE.

84 City: CLERMONT FL 85 Zip Code: 34711

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: F.T. O'KEEFE, PRES. TARA FINANCIAL SERVICES, INC. DATE: 4-21-96
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	~~P~~	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~LEACH, GLYNN W.~~		1.2 NAME	
STREET ADDRESS	~~RT 1 BOX 1366A~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ANTHONY FL~~		1.4 CITY-ST-ZIP	
TITLE	~~VP~~	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~DAVIS, KENNETH N.~~		2.2 NAME	
STREET ADDRESS	~~RT 1 BOX 1366A~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ANTHONY FL~~		2.4 CITY-ST-ZIP	
TITLE	~~ST~~	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~LEACH, ANNIS~~		3.2 NAME	
STREET ADDRESS	~~RT 1 BOX 1366A~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ANTHONY FL~~		3.4 CITY-ST-ZIP	
TITLE	P/D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CONNIE RAE DAVIS		4.2 NAME	
STREET ADDRESS	ROUTE 1, Box 1366A		4.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY, FL. 32617-6801		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: Connie Rae Davis 4-21-96 (904) 394-5984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #