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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:22

DOCUMENT # L66634 (1)

1. Corporation Name
CARLSON COMPANY, MANUFACTURERS' REPRESENTATIVE

Principal Place of Business	Mailing Address
1255 LAQUINTA DR STE 112 ORLANDO FL 32809 US	1255 LAQUINTA DR STE 112 ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1990
3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0189496 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6239 Edgewater Dr.	26 6239 Edgewater Dr.
Suite, Apt. #, etc. 22 Suite D13	Suite, Apt. #, etc. 27 Suite D13
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip / Country 24 32810 / 25 Orange	Zip / Country 29 32810 / 30 Orange

9. Name and Address of Current Registered Agent

GOSCHE, CHRISTOPHER R.
1255 LAQUINTA DR
STE 112
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: Gosche, Christopher R.
82 Street Address (P.O. Box Number is Not Acceptable): 6239 Edgewater Dr.
83 Suite D13
84 City: Orlando FL 85 Zip Code: 32810

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, type or print name of registered agent and title if applicable) NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GOSCHE, CHRISTOPHER R.	12 NAME	
STREET ADDRESS	1401 BROWN DEER COURT	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GOSCHE, KIMBERLEE A.	22 NAME	
STREET ADDRESS	1401 BROWN DEER COURT	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report 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: Kimberlee A Gosche 1-25-95 407 298-1416
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0050520 CP