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 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085492 (4)

1. Corporation Name
GRAND REFLECTIONS, INC.

Principal Place of Business	Mailing Address
1605 MAIN ST SUITE 1001 SARASOTA FL 34236	1605 MAIN ST SUITE 1001 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report:

21	2. Principal Place of Business: 3659 Bahia Vista Street	26	2a. Mailing Address: 3659 Bahia Vista Street
22	Suite, Apt. #, etc:	27	Suite, Apt. #, etc:
23	City & State: Sarasota FL	28	City & State: Sarasota FL
24	Zip: 34232	29	Zip: 34232
25	County:	30	County:

4. FEI Number: 065-0540444 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN ST
SUITE 1001
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Mark S. Henderson
82 Street Address (P.O. Box Number is Not Acceptable): 3659 Bahia Vista Street
83
84 City: Sarasota FL 85 Zip Code: 34232

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: Mark S. Henderson — Mark S. Henderson (Registered Agent Signature required when mandatory) — 4-28-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	HENDERSON, MARK S	12 NAME	
13 STREET ADDRESS	3659 BAHIA VISTA ST	13 STREET ADDRESS	
14 CITY ST ZIP	SARASOTA FL 34232	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	HENDERSON, GAIL L	22 NAME	
23 STREET ADDRESS	3659 BAHIA VISTA ST	23 STREET ADDRESS	
24 CITY ST ZIP	SARASOTA FL 34232	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	WALKER, TODD R	32 NAME	
33 STREET ADDRESS	3659 BAHIA VISTA ST	33 STREET ADDRESS	
34 CITY ST ZIP	SARASOTA FL 34232	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added to the report.

SIGNATURE: Gail L. Henderson — Gail L. Henderson — 4-28-95 (Date) — 813 365 6728 (Daytime Phone)
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

0140001 CP