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 # 177919 (8)

1. Corporation Name
TEMPACO, INC.

Principal Place of Business	Mailing Address
1701 ALDEN ROAD P O BOX 547667 ORLANDO FL 32854-4667	1701 ALDEN ROAD P O BOX 547667 ORLANDO FL 32854-4667

2. Principal Place of Business 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 03/25/1954
3a. Date of Last Report: 05/23/1995
4. FEI Number: 59-0762881 ☐ 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
CLARK, CHARLES T
9138 LESWOOD ST
ORLANDO FL 32825

10. Name and Address of New Registered Agent
81 Name: DAVID L MCDUFFIE
82 Street Address (P.O. Box Number is Not Acceptable): 1746 FAIRVIEW SHORES DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32804

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 [signature] DATE 6-6-96
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CLARK, CHARLES T		1.2 NAME	MCDUFFIE, DAVID L	
STREET ADDRESS	9138 LESWOOD ST		1.3 STREET ADDRESS	1746 FAIRVIEW SHORES DRIVE	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, NEILL H.		2.2 NAME		
STREET ADDRESS	1525 SOLWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, MARIA E.		3.2 NAME		
STREET ADDRESS	2654 PISCES DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MELLON, JEROME F.		4.2 NAME		
STREET ADDRESS	1791 STANLEY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARRINGTON, JETER		5.2 NAME		
STREET ADDRESS	1750 CHINOOK TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	ROSS, MARVIN O	
STREET ADDRESS			6.3 STREET ADDRESS	1701 ALDEN RD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ORLANDO FL 32803	

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: [signature] 6-6-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)