FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED.
AND
FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 260998 (0)

1. Current Name
PRIDE-ODORITE OF FLORIDA INC

Principal Place of Business
97 N E 166 STREET
MIAMI FL 33162

Mailing Address
97 N E 166 STREET
MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/18/1962
3a. Date of Last Report: 04/27/1994

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

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

4. FEI Number: 59-0978080
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

UTTER, G.R.
97 N.E. 166TH STREET
MIAMI FL 33162

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
7 TITLE	PD	11 TITLE	☐ Change ☐ Addition
8 NAME	UTTER,G R	12 NAME	
9 STREET ADDRESS	97 N.E. 166TH STREET	13 STREET ADDRESS	
10 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
15 TITLE		21 TITLE	☐ Change ☐ Addition
16 NAME		22 NAME	
17 STREET ADDRESS		23 STREET ADDRESS	
18 CITY ST ZIP		24 CITY ST ZIP	
19 TITLE		31 TITLE	☐ Change ☐ Addition
20 NAME		32 NAME	
21 STREET ADDRESS		33 STREET ADDRESS	
22 CITY ST ZIP		34 CITY ST ZIP	
23 TITLE		41 TITLE	☐ Change ☐ Addition
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY ST ZIP		44 CITY ST ZIP	
27 TITLE		51 TITLE	☐ Change ☐ Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY ST ZIP		54 CITY ST ZIP	
31 TITLE		61 TITLE	☐ Change ☐ Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 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: G.R. UTTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0174554 CP