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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:05

DOCUMENT # **268950** **(3)**

1. Corporation Name
MODE, INC.

Principal Place of Business	Mailing Address
1408 N.WESTSHORE BLVD.,STE.908 TAMPA FL 33607	1408 N.WESTSHORE BLVD.,STE.908 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/12/1963**
3a. Date of Last Report: **04/29/1994**

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: **59-1004984** ☐ 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

STORY, STEPHEN F.
1408 N.WESTSHORE BLVD.,STE.908
TAMPA FL 33607

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
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	ASD	1.1 TITLE	P/D/AS	☒ Change ☐ Addition
NAME	STORY, STEPHEN F.	1.2 NAME	STORY, STEPHEN F.	
STREET ADDRESS	1408 N WESTSHORE BLV 908	1.3 STREET ADDRESS	1408 N. WESTSHORE BLVD., SUITE 908	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33607	
TITLE	VPS	2.1 TITLE		☐ Change ☐ Addition
NAME	CAPPELLO, VALARIE	2.2 NAME		
STREET ADDRESS	1408 N WESTSHORE BLV 908	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	CULVERHAUSE, HUGH F	3.2 NAME		
STREET ADDRESS	1408 N WESTSHORE #908	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, NORMA	4.2 NAME		
STREET ADDRESS	1408 N.WESTSHORE BLV 908	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	VAS	5.1 TITLE		☐ Change ☐ Addition
NAME	CASSIDY, EUGENE F	5.2 NAME		
STREET ADDRESS	1408 N. WESTSHORE BLVD., #908	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Valarie G Cappello 4-18-95 (813) 287-0023
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — (Optional) Phone #

VALARIE G. CAPPELLO

0293104 CP