FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **328752** **(1)**

1. Corporate Name

EXECUTIVE DESIGNS, INC.

Principal Place of Business	Mailing Address
6389 WINDING LAKE DR JUPITER FL 33458 US	6389 WINDING LAKE DR JUPITER FL 33458 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1968**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2150002** — 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 (21) Street Address (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. # etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TARTAK, BARBARA J
6389 WINDING LAKE DR.
JUPITER FL 33458

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. [illegible]

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	TITLE	[ ] Change [ ] Addition
NAME	**TARTAK,BARBARA J**	NAME	
STREET ADDRESS	**6389 WINDING LAKE DR**	STREET ADDRESS	
CITY-ST-ZIP	**JUPITER FL**	CITY-ST-ZIP	
TITLE	**STD**	TITLE	[ ] Change [ ] Addition
NAME	**TARTAK,NATHAN**	NAME	
STREET ADDRESS	**6389 WINDING LAKE DR**	STREET ADDRESS	
CITY-ST-ZIP	**JUPITER FL**	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: Barbara J. Tartak — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 — 407 575 1733 — Daytime Phone #

0269287 CP

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ANNUAL REPORT

1995

DOCUMENT # 330505 (9)

1. KENT METERS, INC.

Principal Office	Mailing Address
953 NE OSCEOLA AVENUE OCALA FL 34470	953 NE OSCEOLA AVENUE OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1968	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1212543	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 taxable or intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANTOINE, ALBERT 6543 SE 88TH ST. OCALA FL 34472	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 Section(s) 607.0505 and/or 607.1908, 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 '95	
TYPE	PD	TYPE	☒ Change ☐ Addition
NAME	SIBLEY, A.R.	NAME	PD
STREET ADDRESS	3541 NE FT. KING, #D152	STREET ADDRESS	Galley, M J
CITY-ST-ZIP	OCALA, FL 00000	CITY-ST-ZIP	Pondswick Road Luton, England
TYPE	SVD	TYPE	☐ Change ☐ Addition
NAME	ANTOINE, ALBERT	NAME	
STREET ADDRESS	6543 SE 88TH ST.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	NOTLEY, J.P.W.	NAME	
STREET ADDRESS	BISCOT RD.	STREET ADDRESS	
CITY-ST-ZIP	LUTON, ENGLAND	CITY-ST-ZIP	
TYPE	VP	TYPE	☐ Change ☐ Addition
NAME	BENNETT, P A	NAME	
STREET ADDRESS	953 NE OSCEOLA AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TYPE	V	TYPE	☐ Change ☐ Addition
NAME	GERARDI, THOMAS	NAME	
STREET ADDRESS	1506 SE 28TH CT.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurate and that this report is filed for the purpose stated in Section 607.1908, Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: _____ Albert Antoine 5/3/95 904-732-4670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0350930 CP