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 JAN 24 PM 2:59

DOCUMENT # 333268 (1)

1. Corporation Name
VICKERS SALES CORP

Principal Place of Business	Mailing Address
3500 US 98 LORIDA FL 33857 US	PO BOX 431 LORIDA FL 33857 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1968
3a. Date of Last Report: 01/24/1994

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

4. FEI Number: 59-1215603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $6.75 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

VICKERS, M E
STAR RT 337
LORIDA, FL
33857

10. Name and Address of New Registered Agent

81 Name: M.E. Vickers
82 Street Address (P.O. Box Number is Not Acceptable): 1825 Wright Lane
83
84 City: Lorida FL 85 Zip Code: 33857

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: M.E. Vickers M.E. Vickers, VP 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VICKERS, MARION E	1.2 NAME	Marion E. Vickers	
STREET ADDRESS	STAR RT 337 BOX 431	1.3 STREET ADDRESS	1825 Wright Lane	
CITY-ST-ZIP	LORIDA, FL 33857	1.4 CITY-ST-ZIP	Lorida, Fl. 33857	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	VICKERS, AUDREY C	2.2 NAME	Audrey C. Vickers	
STREET ADDRESS	STAR RT 337 BOX 431	2.3 STREET ADDRESS	1825 Wright Lane	
CITY-ST-ZIP	LORIDA, FL 33857	2.4 CITY-ST-ZIP	Lorida, Fl. 33857	
TITLE	VO	3.1 TITLE	V	☒ Change ☐ Addition
NAME	VICKERS, M. E. II	3.2 NAME	M.E. Vickers II	
STREET ADDRESS	STAR RT 337 BOX 431	3.3 STREET ADDRESS	4613 Bluff Hammock Road	
CITY-ST-ZIP	LORIDA FL	3.4 CITY-ST-ZIP	Lorida, Fl. 33857	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	VICKERS, JOHN J. delete	4.2 NAME		
STREET ADDRESS	STAR RT 337 BOX 431	4.3 STREET ADDRESS		
CITY-ST-ZIP	LORIDA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: M.E. Vickers M.E. Vickers II 1/18/95 813 655 1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04A00022 FP