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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 FEB 14 PM 2:34

DOCUMENT # **345229** **(9)**

1. Corporation Name
BORRELL, INC.

Principal Place of Business	Mailing Address
ATT: A. J. BORRELL, JR. 3601 NEBRASKA AVENUE TAMPA FL 33603-5094	ATT: A. J. BORRELL, JR. 3601 NEBRASKA AVENUE TAMPA FL 33603-5094

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 04/28/1969	3a. Date of Last Report: 01/31/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-1258353	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$6.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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

BORRELL, ANTHONY J., JR.
3601 N. NEBRASKA AVE.
TAMPA FL 33603-5094

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	MENENDEZ, CARLOS	1.2 NAME	
STREET ADDRESS	4838 SAN PABLO PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, JAMES A	2.2 NAME	
STREET ADDRESS	817 BANNOCKBURN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR FL	2.4 CITY-ST-ZIP	
TITLE	PDS	3.1 TITLE	☐ Change ☐ Addition
NAME	BORRELL, ANTHONY J JR	3.2 NAME	
STREET ADDRESS	3511 N. NEBRASKA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	4.1 TITLE	☐ Change ☒ Addition
NAME	SMITH, JAMES W	4.2 NAME	
STREET ADDRESS	24307 TWIN LAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE O'LANKA, 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)(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: _____ 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
CARLOS MENENDEZ — (813) 223-2727 Daytime Phone #

0200359 CP