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

APPROVED AND FILED
95 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **369967** **(5)**

1. Corporation Name
STEAMATIC OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
947 S ORANGE AVENUE ORLANDO FL 32806	947 S ORANGE AVENUE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/17/1970**
3a. Date of Last Report: **04/26/1994**

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: **59-1303309** ☐ 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

~~SULLIVAN, WILLIAM J.~~
~~947 S ORANGE AVE~~
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: KIMBERLEY SULLIVAN
82 Street Address (P.O. Box Number is Not Acceptable): 947 S. ORANGE AVENUE
83:
84 City: ORLANDO FL 85 Zip Code: 32806

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. Each 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: [signature] KIMBERLEY SULLIVAN (S) 4-26-95
Signature, type 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	CPD	1.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, JERRY F	1.2 NAME		
STREET ADDRESS	947 S ORANGE AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	VPD	XX Change ☐ Addition
NAME	SULLIVAN, WILLIAM J.	2.2 NAME		
STREET ADDRESS	947 S ORANGE AVENUE	2.3 STREET ADDRESS	NO VICE PRESIDENT	
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, JERRY F.	3.2 NAME		
STREET ADDRESS	947 S. ORANGE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, KIMBERLY A.	4.2 NAME		
STREET ADDRESS	947 S ORANGE AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, PATRICK D.	5.2 NAME		
STREET ADDRESS	947 S ORANGE AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO 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)(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: [signature] KIMBERLEY SULLIVAN (S) 4-26-95 425-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084660 CP