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 MAR 15 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 392468 (5)

1. Corporation Name
PAT HIGDON INDUSTRIES, INC.

Principal Place of Business	Mailing Address
LAKE TALQUIN ROAD P O BOX 980 QUINCY FL 32351	LAKE TALQUIN ROAD P O BOX 980 QUINCY FL 32351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1369340 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

HIGDON,PATRICK H
LAKE TALQUIN ROAD
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name: HIGDON JR., PATRICK H.
82 Street Address (P.O. Box Number is Not Acceptable): LAKE TALQUIN RD
83: P O Box 980
84 City: QUINCY FL 85 Zip Code: 32353

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.

X SIGNATURE: [signature] PATRICK HIGDON SR. DATE: 1-16-95
(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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	HIGDON JR., PATRICK H.	1.2 NAME		
STREET ADDRESS	ATTAPULGUS RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP		
TITLE	CB	2.1 TITLE		☒ Change ☐ Addition
NAME	HIGDON, P.H.	2.2 NAME	DECEASED	
STREET ADDRESS	ATTAPULGUS RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	HIGDON, V. R.	3.2 NAME		
STREET ADDRESS	ATTAPULGUS RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HIGDON, V. R.	4.2 NAME		
STREET ADDRESS	ATTAPULGUS RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY 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.

X SIGNATURE: [signature] PATRICK HIGDON JR. 1-16-95 904 627 9524
SIGNATURE AND TYPED OR PRINTED NAME OF ANNUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0410008 - FP