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 -6 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 418292 (9)

1. Corporation Name
CARGLEN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6510 B 125TH AVENUE NORTH LARGO FL 34643	6510 B 125TH AVENUE NORTH LARGO FL 34643

3. Date Incorporated or Qualified: 02/05/1973
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business	2a. Mailing Address
21 8601 4TH ST. N.	26 8601 4TH ST. N.
Suite, Apt. #, etc. 22 SUITE 203 B	Suite, Apt. #, etc. 27 SUITE 203 B
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL
Zip / Country 24 33702 / 25	Zip / Country 29 33702 / 30

4. FEI Number: 59-1437855 ☐ 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	10. Name and Address of New Registered Agent
CAGNO, CELESTINO A. 3900 FOURTH STREET NORTH ST. PETERSBURG FL 33703	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	1.1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR, GLENN	1.2 NAME	
STREET ADDRESS	4569 CLEARWATER HARBOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CAGNO, CELESTINO	2.2 NAME	
STREET ADDRESS	6750 BAYOU GRANDE BLVD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR, CAROL	3.2 NAME	
STREET ADDRESS	4569 CLEARWATER HARBOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: ✓ Celestino A. Cagno PRES. / DIR. 2/20/95 (813) 570-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CELESTINO A. CAGNO PRESIDENT / DIRECTOR

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