FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 437561 (4) Corporation Name INTERNATIONAL PLANT CORPORATION Principal Place of Business Mailing Address 6770 W. STATE RD. 46 6770 W. STATE RD. 46 P.O. BOX SANFORD, FL P.O. BOX SANFORD, FL SANFORD FL 32771 SANFORD FL 32771 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 10/06/1973 2a. Mailing Address 05/01/1995 21 4. FEI Number 26 Applied For Suite, Apt. #, etc. 59-1488795 Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired 27 \$8.75 Additional City & State City & State Fee Required 23 6. Election Campaign Financing \$5.00 May Be 28 Ζφ Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 9. Name and Address of Current Registered Agent Florida Statutes Yes No 10. Name and Address of New Registered Agent 61 Name VAUGHAN, ROBERT A. 82 Street Address (P.O. Box Number is Not Acceptable) 8770 W. STATE RD. 46 SANFORD FL 32771 83 84 City 11. Pursuant to the provisions of S Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subnits this statement for the purpose of changing its registered office 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 Zip Code or registered agent, or both, in familiar with, and agent the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (12/95)DELETE 1. 1 TITLE NAME VAUGHAN, ROBERT A. Change ☐ Addition 1.2 NAME STREET ADDRESS 5103 GREAT OAK LANE CR2E034 13 STREET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE **VD** DELETE 2 1 TITLE NAME VAUGHAN, JAMES J. Change ☐ Addition 2.2 NAME STREET ADDRESS 1811 VIA TUSCANY 23 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 2.4 CITY-ST-ZIP THEF DELETE 3 1 TITLE NAME Change ■ Addition 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-S1-ZIP 3.4 CITY - ST - ZIP TATLE DELETE 4.1 TITLE NAME Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP TITLE 4.4 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 appears in Block 12 or Block 13 if changed, or on injustachment with an address.

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SIGNATURE: (

NAME

TITLE

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CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OF

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