FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # 445692 (7)

1. Current Name
CONCRETE CUTTING TOOLS CORP.

Principal Place of Business
2001 ANDREWS AVENUE
POMPANO BEACH FL 33069-1420

Mailing Address
2001 ANDREWS AVENUE
POMPANO BEACH FL 33069-1420

3. Date Incorporated / Qualified: 03/22/1974
3a. Date of Last Report: 03/14/1994

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: 59-1521512
Applied For
Not Applicable

22 Suite, Apt. # or Bldg.

27 Suite, Apt. # or Bldg.

5. Certificate of Status Desired
$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has only the changes allowed under s. 607.1006 Florida Statutes. X Yes ☐ No

9. Name and Address of Current Registered Agent

BECKY, BRAD
BROWARD FINANCIAL CENTER
SUITE 1460
FORT LAUDERDALE FL 33394

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 Section 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

(Typed or printed name of registered agent and title if signing) (Registered Agent signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 19
TITLE	PD	TITLE ☐ Change ☐ Addition
NAME	MCCOY, LARRY W.	NAME
STREET ADDRESS	2001 ANDREWS AVENUE	STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP
TITLE	V	TITLE ☐ Change ☐ Addition
NAME	MCCOY, TERRY	NAME
STREET ADDRESS	2001 ANDREWS AVENUE	STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP
TITLE	ST	TITLE ☐ Change ☐ Addition
NAME	MCCOY, FAITH L.	NAME
STREET ADDRESS	2001 ANDREWS AVENUE	STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

14. To the best of my knowledge, I certify that the information required 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 report or supplemental report is true and accurate and that my signature shall be a signature required by that section. I am aware of and agree to the corporation or this designee is hereby empowered to correct the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, or Block 2 if changed, is correct as filed with an address.

SIGNATURE: 5/16/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date Signed

0113342 CP

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 -8 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 447086 (0)

1. Corporate Name
UTILITY BAGS, INC.

Principal Place of Business
313 WEST CENTRAL AVENUE
HOWEY-IN-THE-HILLS FL 34737

Mailing Address
313 WEST CENTRAL AVENUE
HOWEY-IN-THE-HILLS FL 34737

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 03/01/1974
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 57-8425070 — Applied For / Not Applicable

Suite, Apt. # or Bldg. — 22
Suite, Apt. # or Bldg. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

ZIP — 24 — County — 25
ZIP — 29 — County — 30

8. The corporation has/will be subject to s. 280.07, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DUNCAN, C. MICHAEL
225 WEST MAIN ST.
TAVARES FL

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Section 607.1007, 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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) Date

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
07	PD	☐ Change ☐ Addition
08 NAME	ROMANO, FRANK JR.	
09 STREET ADDRESS	607 N. LAKESHORE DR	
10 CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	
11	VD	☐ Change ☐ Addition
12 NAME	ROMANO, JUNE	
13 STREET ADDRESS	607 N. LAKESHORE DR	
14 CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	
15	T	☐ Change ☐ Addition
16 NAME	ROMANO,FRANK	
17 STREET ADDRESS	607 N. LAKESHORE DR	
18 CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	
19		☐ Change ☐ Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		
23		☐ Change ☐ Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27		☐ Change ☐ Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is accurate and that, for profit corporations, the number of employees in Florida is 500 or less. To the best of my knowledge, this report complies with the applicable provisions of Florida Law. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature below authorizes the named officer or director to make any changes or additions to the information submitted. Pursuant to Section 607.0120(11)(b), Florida Statutes, I further certify that the corporation named in this report has been authorized to transact business in Florida, and that my name appears in Block 11 or Block 14 if changed, or I am otherwise authorized to sign on behalf of the corporation named in this report.

SIGNATURE: Frank Romano — 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0376424 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AR
FILED
95 MAY 30 AM 10:15
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995 S22295 B.4834

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIV. OF CORPORATIONS NC

DOCUMENT # **447566** **(1)**

1. Corporate Name
ANDERSON'S, INC.

Principal Address
6004-43RD AVENUE, WEST
BRADENTON FL 34209

Mailing Address
6004-43RD AVENUE, WEST
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **03/12/1974**
3a. Date of Last Report: **04/28/1994**

2. Federal Employer Number (FEI) — 21
2a. Mailing Address — 26

4. FEI Number: **59-1511170** ☐ Applied For ☐ Not Applicable

Name if changed — 22
Name if changed — 27

5. Certificate of Status (Optional) ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP — 24 County — 25 ZIP — 29 County — 30

8. This corporation has had, or elected to obtain, tax under § 1962 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIROUX, H L
6108 26TH STREET WEST
BRADENTON FL 34207

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 Section 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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent or registered office address, new registered agent and the street address of the registered office must be listed.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17	
01 Title	PD	11 Title	☐ Change ☐ Addition
02 Name	ANDERSON (RICHARD CARL)	12 Name	
03 Street Address	8006-17 AVENUE, W.	13 Street Address	
04 City St ZIP	BRADENTON FL	14 City St ZIP	
05 Title	ST	21 Title	☐ Change ☐ Addition
06 Name	ANDERSON (SONDRA SUE)	22 Name	
07 Street Address	8006-17 AVENUE, W.	23 Street Address	
08 City St ZIP	BRADENTON FL	24 City St ZIP	
09 Title	D	31 Title	☐ Change ☐ Addition
10 Name	ANDERSON, SONDRA SUE	32 Name	
11 Street Address	8006 17 AVE., W.	33 Street Address	
12 City St ZIP	BRADENTON FL	34 City St ZIP	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City St ZIP		44 City St ZIP	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City St ZIP		54 City St ZIP	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City St ZIP		64 City St ZIP	

14. I, the undersigned, certify that the information supplied with this filing is authorized 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: Sondra D Anderson-Sondra S. Anderson 5/17/95 813/792-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0484407 FP

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APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995 Saa-95 b-6865 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # 447738 (6)

1. Corporate Name
ARLETTA CORPORATION

Principal Place of Business	Mailing Address
12453 184TH CT. N. PO BOX 1113 JUPITER FL 33468	12453 184TH CT. N. PO BOX 1113 JUPITER FL 33468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified 03/11/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1544104	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 already filed an amended annual report under Section 607.1622, Florida Statutes. [X] Yes [ ] No	

21 2. Principal Place of Business
22 Suite, Apt. # or Bldg.
23 City & State
24 ZIP
25 Country

26 2a. Mailing Address
27 Suite, Apt. # or Bldg.
28 City & State
29 ZIP
30 Country

9. Name and Address of Current Registered Agent

PIGNATO, HAROLD L.
12453 184TH CT N
JUPITER FL 33468

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1622, 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. The street address of the registered office and the name of the registered agent of the corporation on file with the Department of State are hereby changed to the following:

(Street Address) (Name of New Registered Agent)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
PD PIGNATO, HAROLD L. 12453 184TH CT N JUPITER FL	[ ] Change [ ] Addition
[ ] Change [ ] Addition	
[ ] Change [ ] Addition	
[ ] Change [ ] Addition	
[ ] Change [ ] Addition	
[ ] Change [ ] Addition	

14. To the best of my knowledge, all of the information required to be supplied with this report has been furnished and is accurate, complete and current as of the date this report is executed. I further certify 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 above, or on an attachment with an address.

SIGNATURE: Harold Pignato, Harold Pignato, President 5/4/95 (407) 746-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0203413 CP

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

10: 15

FLORIDA

DOCUMENT # 452041 (7)

1. Current Name
LARRABEE AIR CONDITIONING, INC.

Principal Place of Business
7109 NW 74 ST.
MIAMI FL 33166

Mailing Address
7109 NW 74 ST.
MIAMI FL 33166

Certificate of Status Desired ☐ $8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

3. Date Incorporated / Qualified: 06/27/1974
3a. Date of Last Report: 06/28/1994

4. FEI Number: 59-1547606 ☐ Applied For ☐ Not Applicable

8. This corporation has authority to indemnify its directors as provided by Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARRABEE,NORMAN
8921 S.W. 76TH ST.
MIAMI FL 33173

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 Section 607.0501 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 (if new agent) and am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	S
Name	LARRABEE, DIXIE
Street Address	8921 SW 76 STREET
City-State-Zip	MIAMI, FL 00000
Title	PD
Name	LARRABEE, NORMAN
Street Address	8921 SW 76 STREET
City-State-Zip	MIAMI, FL 00000

13. ADDITIONAL OFFICERS AND DIRECTORS

☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report is accurate and that the proportion of Florida gross receipts for the calendar year within this state is 100% or less. I further certify that I am familiar with and authorized to sign this report. For profit corporations, I certify 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 above or on an attachment with an address.

SIGNATURE: [signature] 5/19/95 (305) 887-1573 887-5184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0180381 CP

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

DOCUMENT # **454113** **(2)**

1. Corporation Name

A-B-C PACKAGING MACHINE CORPORATION

Principal Place of Business	Mailing Address
811 LIVE OAK ST. TARPON SPRINGS FL 34689-4137 US	811 LIVE OAK ST. TARPON SPRINGS FL 34689-4137 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1974**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-0781810**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEAL, JAMES L. BARNETT PLAZA 101 E. KENNEDY BLVD., SUITE 2500 TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 811 LIVE OAK STREET 84 City TARPON SPRINGS, FL 85 Zip Code 34689

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 ______ (Signature of Registered Agent) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1 TITLE	CEO/D	☒ Change ☐ Addition
NAME	NEAL, JAMES L	1 NAME		
STREET ADDRESS	811 LIVE OAK ST	1 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	1 CITY-ST-ZIP		
TITLE	TD	2 TITLE	D	☒ Change ☐ Addition
NAME	NEAL, HELEN M.	2 NAME		
STREET ADDRESS	811 LIVE OAK ST	2 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	2 CITY-ST-ZIP		
TITLE	SD	3 TITLE	S/D	☒ Change ☐ Addition
NAME	NEAL, AUDREY E.	3 NAME		
STREET ADDRESS	811 LIVE OAK ST	3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	3 CITY-ST-ZIP		
TITLE	D	4 TITLE		☒ Change ☐ Addition
NAME	BJORKSTEN, JOHAN	4 NAME	DELETE	
STREET ADDRESS	811 LIVE OAK ST	4 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	4 CITY-ST-ZIP		
TITLE	P	5 TITLE	P/D	☒ Change ☐ Addition
NAME	REICHERT, DONALD	5 NAME		
STREET ADDRESS	811 LIVE OAK ST.	5 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	5 CITY-ST-ZIP		
TITLE		6 TITLE	V	☐ Change ☒ Addition
NAME		6 NAME	Reichert, Mark	
STREET ADDRESS		6 STREET ADDRESS	811 Live Oak Street	
CITY-ST-ZIP		6 CITY-ST-ZIP	Tarpon Springs, FL 34689	

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: *James L. Neal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES L. NEAL, CEO

5-18-95 (813) 937-5144
Date / Daytime Phone #

0367747 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 454267 (6)

1. Current Name

ALPHA JACK CORP.

APPROVED

MAY 15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
760 N WICKHAM RD MELBOURNE FL 32935	760 N WICKHAM RD MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date First Incorporated (or Qualified) 06/06/1974	3a. Date of Last Report 11/10/1994
4. FEI Number 59-1581652	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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. Yes / No	

21	26
22 Street Address or P.O. Box	27 Street Address or P.O. Box
23 City & State	28 City & State
24	25 29 30

9. Name and Address of Current Registered Agent

MARSHALL, DOUGLAS
760 NO. WICKHAM RD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City FL 35 Zip Code

11. Pursuant to the provisions of Section 607.1007, and/or 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 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PD NAME MARSHALL, DOUGLAS STREET ADDRESS 6449 SHERIDAN ROAD CITY-ST-ZIP MELBOURNE FL	1. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	2. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	4. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	6. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this report is true and accurate and that my/our 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 I am aware any false information submitted in a document to the Department of State for the purpose of obtaining or qualifying for reduced tax rates, fees, or other benefits may be punished as perjury in the second degree.

SIGNATURE: Douglas Marshall Douglas Marshall 4/21/95 407-254-1088

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0000104 CF