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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:06

DOCUMENT # 447143 (9)

1. Corporation Name
EBY CORPORATION

Principal Place of Business	Mailing Address
1419 E. ROBINSON ST. P.O. BOX 532097 ORLANDO FL 32853	1419 E. ROBINSON ST. P.O. BOX 532097 ORLANDO FL 32853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1974
3a. Date of Last Report: 02/07/1994

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

4. FEI Number: 59-1517153 ☐ 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

9. Name and Address of Current Registered Agent

MAPP, JAMES D., ESQUIRE
1419 E. ROBINSON ST.
ORLANDO FL 32803

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 Sections 607.0502 and 607.1608, 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: James D Mapp (Typed, printed or written name of registered agent and the # applicable) (NOTE: Registered Agent signature required when mandatory) DATE: 1/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	EBY, WILLIAM C	1.2 NAME	
STREET ADDRESS	5651 LANGFORD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OSWEGO, OR 97035	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HANNAN, JOAN FLORENCE	2.2 NAME	
STREET ADDRESS	5708 BROOKBANK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE, ILL 60516	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	EBY, ROBERT L.	3.2 NAME	
STREET ADDRESS	3285 WATKINS LAKE RD 2015 Augusta Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON, MICHIGAN 00000	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	EBY, ROBERT L	4.2 NAME	
STREET ADDRESS	3285 WATKINS LAKE RD 2015 Augusta Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON, MICHIGAN 00000	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	Robert L. Eby	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: X Robert L. Eby President January 17, 1995 (517) 750-2041
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE) (TELEPHONE NUMBER)

0410628 FP