SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 16 AM 10:23

DOCUMENT # 450226 (6)

1. Corporation Name
UROK, INCORPORATED

Principal Place of Business
3310 HANSON STREET
FT. MYERS FL 33916

Mailing Address
3310 HANSON STREET
FT. MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1974
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-1523418 ☐ 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
21 1680 PASSAIC AVE.
Suite, Apt. #, etc.
22
City & State
23 FORT MYERS, FL. 33901
Zip 24 33901 County 25 LEE

2a. Mailing Address
26 1680 PASSAIC AVE
Suite, Apt. #, etc.
27
City & State
28 FORT MYERS, FL. 33901
Zip 29 33901 County 30 LEE

9. Name and Address of Current Registered Agent
~~SPRAGUE, RICHARD~~
~~6600 CHIPPER LANE~~
~~N. FT. MYERS FL 33917~~

10. Name and Address of New Registered Agent
81 Name JOYCE R. SPRAGUE
82 Street Address (P.O. Box Number is Not Acceptable) 1680 PASSAIC AVE.
83
84 City FORT MYERS, FL 85 Zip Code 33901

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: Joyce R Sprague — DATE 6-12-95
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	PST	1 1 TITLE	PST/ SECTY/ TRS ☒ Change ☐ Addition
NAME	SPRAGUE, JOYCE	1 2 NAME	JOYCE SPRAGUE
STREET ADDRESS	~~1616 ATLANTIC BLVD #18~~	1 3 STREET ADDRESS	1680 PASSAIC AVE
CITY ST ZIP	~~KEY WEST FL~~	1 4 CITY ST ZIP	FT. MYERS, FL. 33901
TITLE	~~VP~~	2 1 TITLE	☒ Change ☐ Addition
NAME	~~SPRAGUE, JOEL~~	2 2 NAME	
STREET ADDRESS	~~13 GEORGETOWN~~	2 3 STREET ADDRESS	Ø
CITY ST ZIP	~~FT MYERS FL~~	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		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)(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 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: Joyce R Sprague — 6-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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