

1995

DIVISION OF CORPORATIONS

DOCUMENT # 464279

(9)

1. Corporation Name

FLASHES, INC.

95 APR 18 PM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17 W. FLAGLER AVE
STUART FLORIDA 34994

Mailing Address

17 W. FLAGLER AVE
STUART FLORIDA 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1974

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1563083

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 192.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAWKEN, G. ARLINE
17 W. FLAGLER AVE
STUART FLORIDA

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME HAWKEN, G. ARLINE
STREET ADDRESS 17 W. FLAGLER AVE.
CITY - ST - ZIP STUART FLTITLE PD
NAME HAWKEN, GARY L.
STREET ADDRESS 1283 NW SPRUCE RIDGE DR.
CITY - ST - ZIP STUART FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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 110.07(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:

Arline G. Hawken, Sec.-Treas.

4-14-95

1-407-287-0650

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arline G. Hawken

0000000 CP