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
95 MAY -1 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 466520 (4)

1. Corporation Name
W.S. BLACK, COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O WILLIAM S. BLACK, JR. 350 MYRTICE AVE., #C MERRITT ISLAND FL 32953	C/O WILLIAM S. BLACK, JR. 350 MYRTICE AVE., #C MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified: 01/01/1975
3a. Date of Last Report: 04/21/1994

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

4. FEI Number: 59-1564811 ☐ 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

9. Name and Address of Current Registered Agent

BLACK, WILLIAM S., JR.
350 MYRTICE AVE., #C
MERRITT ISLAND FL 32953

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 _____ DATE
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	PD	1.1 TITLE	☐ Change ☒ Addition Vice President
NAME	BLACK, WILLIAM S., JR.	1.2 NAME	Michael R. Sharpless
STREET ADDRESS	355 HUNT AVE	1.3 STREET ADDRESS	1103 Mitchell Street
CITY-ST-ZIP	MERRITT ISL FL	1.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	STD	2.1 TITLE	☐ Change ☒ Addition Vice President
NAME	COBB, JODY BLACK	2.2 NAME	Rory K. Eckelberry
STREET ADDRESS	7040 BISMARK RD	2.3 STREET ADDRESS	5221 Sanbourne Street
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Cocoa, FL 32927
TITLE		3.1 TITLE	☒ Change ☐ Addition STD
NAME		3.2 NAME	Cobb, Jody Black
STREET ADDRESS		3.3 STREET ADDRESS	2410 N. Tropical Trail
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Merritt Island, FL 32953
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)(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 addition.

SIGNATURE: Jody Black Cobb JODY BLACK COBB 4/27/95 (407)452-5114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070440 CR