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 MAR 23 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 475660 (7)

1. Corporation Name
FAULK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5017 W. LAUREL ST. TAMPA FL 33607	5017 W. LAUREL ST. TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1975
3a. Date of Last Report: 04/18/1994

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: 59-1586110 ☐ 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

FAULK,HARRY
4047 PRIORY CIR.
TAMPA FL

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 Harry R. Faulk (Harry R. Faulk) 3/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	☐ Change ☐ Addition
NAME	FAULK, ELIZABETH J	1.2 NAME	
STREET ADDRESS	4047 PRIORY CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	CP	2.1 TITLE	☐ Change ☐ Addition
NAME	FAULK, HARRY R	2.2 NAME	
STREET ADDRESS	4047 PRIORY CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	~~SV~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~FAULK, MARY E~~	3.2 NAME	
STREET ADDRESS	~~4221 SAN PEDRO~~	3.3. STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~	3.4 CITY-ST-ZIP	
TITLE	~~VPT~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~FAULK, JOSEPH R~~	4.2 NAME	
STREET ADDRESS	~~6743 BLUFFGROVE DR~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~INDIANAPOLIS IN~~	4.4 CITY-ST-ZIP	
TITLE	~~AVP~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~FAULK, KIM D.~~	5.2 NAME	
STREET ADDRESS	~~6743 BLUFFGROVE DR~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~INDIANAPOLIS IN~~	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: Harry R. Faulk 3/18/95 (813) 962-3800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND OFFICE OR DIRECTOR Date Daytime Phone #
Harry R. Faulk

0202855 CP