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 FEB 17 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 498345 (8)

1. Corporation Name
SKIP LEA CO., INC.

Principal Place of Business	Mailing Address
13815 S.R. 672 WIMAUMA FL 33598	13815 S.R. 672 WIMAUMA FL 33598

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1976
3a. Date of Last Report: 07/07/1994

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

4. FEI Number: 59-1781742 ☐ 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

JUNK, JEFFREY D
13815 S.R. 672 Delete
WIMAUMA FL 33598

10. Name and Address of New Registered Agent

81 Name: MARK A. JUNK
82 Street Address (P.O. Box Number is Not Acceptable)
83: 13815 S.R. 672
84 City: WIMAUMA FL 85 Zip Code: 33598

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: Mark Junk Mark A Junk 2/14/95
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	VP	1.1 TITLE	P	☐ Change ☒ Addition
NAME	JEFFREY JUNK D.	1.2 NAME	Brian W. Lea	
STREET ADDRESS	13815 S.R. 672 Delete	1.3 STREET ADDRESS	130 S. Summit	
CITY-ST-ZIP	WIMAUMA FL 33598	1.4 CITY-ST-ZIP	Alma Center, WI 54611	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	LEA, JULIE A.	2.2 NAME		
STREET ADDRESS	130 S. SUMMIT	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALMA CENTER WI 54611	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	~~V. P.~~	☒ Change ☐ Addition
NAME	PATRICIA FINCH, Delete	3.2 NAME	Mark A. Junk	
STREET ADDRESS	13815 S.R. 672	3.3 STREET ADDRESS	13815 State Road 672	
CITY-ST-ZIP	WIMAUMA FL 33598	3.4 CITY-ST-ZIP	Wimauma, FL 33598	
TITLE		4.1 TITLE	T	☐ Change ☒ Addition
NAME		4.2 NAME	Terri M. Junk	
STREET ADDRESS		4.3 STREET ADDRESS	13815 State Road 672	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Wimauma, FL 33598	
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 address.

SIGNATURE: Brian Lea Brian Lea 2-14-95 715-284-7154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0289040 CP