FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **606192** **(3)**

1. Corporation Name

FLORIDA HYBRID SERVICES, INC.

Principal Place of Business	Mailing Address
7241 LAWRENCE RD LAKE WORTH FL 33462	7746 S MILITARY TRAIL LAKE WORTH FL 23346 US

3. Date Incorporated or Qualified: 01/10/1979	3a. Date of Last Report: 03/30/1995
4. FEI Number: 59-1899279	☐ 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	2a. Mailing Address
21	26 7241 Lawrence Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Lake Worth, Fl
Zip 24 / Country 25	Zip 29 33462 / Country 30 Palm Beach

9. Name and Address of Current Registered Agent

DAHLGREN, CLARKE E.
250 JFK CIRCLE #201
ATLANTIC FL 33462

10. Name and Address of New Registered Agent

81 Name: Michael C. Dahlgren
82 Street Address (P.O. Box Number is Not Acceptable): 250 JFK ~~Circle~~ DR #201
83
84 City: ATLANTIS FL 85 Zip Code: 33462

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: Michael C. Dahlgren — MICHAEL C. DAHLGREN (NOTE: Registered Agent signature required when changing) — DATE: 2-27-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	Sec.	☑ Change ☐ Addition
NAME	DAHLGREN, CLARK E		1.2 NAME		
STREET ADDRESS	250 JFK CIR #201		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	ATLANTIS, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAHLGREN, CLARK E		2.2 NAME		
STREET ADDRESS	181 F ATLANTIS BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DALHGREN, JEAN		3.2 NAME		
STREET ADDRESS	181 F ATLANTIS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	President	☑ Change ☐ Addition
NAME	DAHLGREN, MICHAEL C		4.2 NAME		
STREET ADDRESS	250 JFK DRIVE #201		4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	ATLANTIS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by attachment with an address.

SIGNATURE: Clark E. Dahlgren — 1-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #