SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:13

DOCUMENT # **622099** **(0)**

1. Corporation Name
COMMONWEAL, INC.

Principal Place of Business	Mailing Address
~~8420 DOUG CORRIGAN~~ P.O.BOX 3144 CRYSTAL RIVER FL 34423-3144	~~8420 DOUG CORRIGAN~~ P.O.BOX 3144 CRYSTAL RIVER FL 34423-3144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/17/1979**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business	2a. Mailing Address
21 18 N.E. 4th Ave.	26 18 N.E. 4th Ave.
Suite, Apt. #, etc. 22 P.O. Box 3144	Suite, Apt. #, etc. 27 P.O. Box 3144
City & State 23 Crystal River, Fla.	City & State 28 Crystal River, Fla.
Zip / County 24 34423 / 25 Citrus	Zip / County 29 34423 / 30 Citrus

4. FEI Number: **59-1911454** ☐ 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

PETRILLI, ROBERT
2190 N BRENTWOOD CIRCLE
LECANTO FL 34461

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	STOECKLIN, K. WAYNE	12 NAME	
STREET ADDRESS	7615 W 54TH AVENUE SUITE 10	13 STREET ADDRESS	
CITY ST ZIP	ARVADA CO	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PETRILLI,ROBERT	22 NAME	
STREET ADDRESS	2190 N.BRENTWOOD CRCL	23 STREET ADDRESS	
CITY ST ZIP	LECANTO FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STOECKLIN, K.A.	32 NAME	
STREET ADDRESS	P.O. BOX 307, NA	33 STREET ADDRESS	
CITY ST ZIP	CRYSTAL RIVER FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, EVELYN	42 NAME	
STREET ADDRESS	10722 N ROUSSEAU DR	43 STREET ADDRESS	
CITY ST ZIP	DUNNELLON FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

904-795-0650

SIGNATURE: K.A. Stoecklin K.A. STOECKLIN 7/17/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0165043 FP