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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 638459 (8)

1. Corporation Name
DESTINY CORPORATION

Principal Place of Business	Mailing Address
603 MAIN STREET P. O. BOX 1100 WINDERMERE FL 34786-1100 US	603 MAIN STREET P. O. BOX 1100 WINDERMERE FL 34786-1100 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1947258 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DIZNEY, DONALD
603 MAIN STREET
WINDERMERE 34786

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 _____
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	DCS	1.1 TITLE		☐ Change ☐ Addition
NAME	DIZNEY, DONALD	1.2 NAME		
STREET ADDRESS	603 MAIN ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	ENGLISH, JAMES	2.2 NAME		
STREET ADDRESS	603 MAIN ST	2.3 STREET ADDRESS	ENGLISH, JAMES E	
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BARKMAN, KEVIN	3.2 NAME		
STREET ADDRESS	603 MAIN ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	DIZNEY, DAVID	4.2 NAME		
STREET ADDRESS	603 MAIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	DIZNEY, MICHEAL	5.2 NAME		
STREET ADDRESS	603 MAIN ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	DELEHUNT, JANINE S	6.2 NAME		
STREET ADDRESS	603 MAIN ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	WINERMERE FL	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: Janine S. Delehunt Janine S. Delehunt 3/6/95 (407) 876-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0377038 CR