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 APR 28 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **642797** **(5)**

1. Corporation Name
LONGI, INC.

Principal Place of Business	Mailing Address
15201 ROOSEVELT BLD #103 CLEARWATER FL 34620	15201 ROOSEVELT BLD #103 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1979
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 2430 ESTANCIA BLVD.	26 2430 ESTANCIA BLVD.
Suite, Apt. #, etc. 22 SUITE 106	Suite, Apt. #, etc. 27 SUITE 106
City & State 23 CLEARWATER, FL.	City & State 28 CLEARWATER, FL.
Zip 24 34621 Country 25 PINELLAS	Zip 29 34621 Country 30 PINELLAS

4. FEI Number: 59-1951903 ☐ 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	10. Name and Address of New Registered Agent
~~KAPIOLTAS, NICK~~ ~~15201 ROOSEVELT BLVD~~ ~~STE 109~~ ~~CLEARWATER FL 34620~~	81 Name KAPIOLTAS, NICK 82 Street Address (P.O. Box Number is Not Acceptable) 2430 ESTANCIA BLVD. 83 SUITE 106 84 City CLEARWATER FL 85 Zip Code 34621

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD ☒ Change ☐ Addition
NAME	KAPIOLTAS, NICK	12 NAME	KAPIOLTAS, NICK
STREET ADDRESS	15201 ROOSEVELT BLD 103	13 STREET ADDRESS	2430 ESTANCIA BLVD. #106
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER, FL. 34621
TITLE	S	21 TITLE	S ☒ Change ☐ Addition
NAME	JOHNSON, BERNARD	22 NAME	JOHNSON, BERNARD
STREET ADDRESS	7850 NORTHFIELD ROAD	23 STREET ADDRESS	26133 U.S. 19 NORTH #204
CITY-ST-ZIP	CLEVELAND OH	24 CITY-ST-ZIP	CLEARWATER, FL. 34621
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

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 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: _____ 5-21-95 (813) 799-9572
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Telephone Number

0367231 CP