FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB 28 PM 4:19

DOCUMENT # 702812 (9)

1. Corporation Name
COLUMBIAN CORPORATION OF LARGO INC

Principal Place of Business	Mailing Address
P.O. BOX 502 LARGO FL 34649	P.O. BOX 502 LARGO FL 34649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1961
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1055930 (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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

O'DONNELL, JOHN J
3141 HIBISCUS DR., W.
BELLEAIR BEACH FL 34635

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: 34634

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: John J O'Donnell — Reg Agt — DATE: 1-30-95
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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	O'DONNELL, JOHN J	1.2 NAME	Iverson, Ronald	
STREET ADDRESS	3141 HIBISCUS DR., W.	1.3 STREET ADDRESS	1932 Gulfview De	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	1.4 CITY-ST-ZIP	Belleair, FL 34616	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	ALTWEIS, GENE J	2.2 NAME	LoRicco, John	
STREET ADDRESS	185 15TH ST., N.W.	2.3 STREET ADDRESS	5777 Oakhurst Dr	
CITY-ST-ZIP	LARGO FL 34640	2.4 CITY-ST-ZIP	Seminole, FL 34642	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	DILLON, JR., FRANK J	3.2 NAME	Arredando, Benito B	
STREET ADDRESS	9114 79TH AVE., N.	3.3 STREET ADDRESS	1774-56th St N	
CITY-ST-ZIP	LARGO FL 34647	3.4 CITY-ST-ZIP	St Petersburg, FL 33710	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	DICKERSON, ROBERT	4.2 NAME		
STREET ADDRESS	1307 MELROSE AVE., S.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, SR., JOHN E	5.2 NAME		
STREET ADDRESS	2131 RIDGE RD., S., #B-12	5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34648	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	IVERSON, RONALD	6.2 NAME	Betts, Lester	
STREET ADDRESS	1932 GOLFVIEW DRIVE	6.3 STREET ADDRESS	10163 - 62 Circle North	
CITY-ST-ZIP	BELLEAIR FL 34616	6.4 CITY-ST-ZIP	Seminole, FL 34642	

14. I/We 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald J Iverson — 2-15-95 — 813-584-6573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007320