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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:50

DOCUMENT # 825077 (1)

1. Corporation Name
OLDCHESTER CORPORATION

Principal Place of Business	Mailing Address
7805 IMMOKOLEE ROAD FT. PIERCE FL 34951-4006	7805 IMMOKOLEE ROAD FT. PIERCE FL 34951-4006

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/16/1970
3a. Date of Last Report: 02/14/1994
4. FEI Number: 13-2510160 — ☐ 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

SCHULTZ, GEORGE L.
7805 IMMOKOLEE ROAD
FT. PIERCE FL 33451

10. Name and Address of New Registered Agent

81 Name: SCHULTZ, MARGARET F.
82 Street Address (P.O. Box Number is Not Acceptable): 7805 IMMOKOLEE RD.
83
84 City: FT. PIERCE FL 85 Zip Code: 34951

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: Margaret F. Schultz — Feb. 16, 1995 DATE

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHULTZ,GEORGE L.
STREET ADDRESS	500 COCONUT PALM RD
CITY-ST-ZIP	INDIAN RIVER SHRS FL
TITLE	VD
NAME	SCHULTZ,MARGARET F.
STREET ADDRESS	500 COCONUT PALM RD
CITY-ST-ZIP	INDIAN RIVER SHRS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	SCHULTZ, MARGARET F.	
13 STREET ADDRESS	500 COCONUT PALM RD.	
14 CITY-ST-ZIP	INDIAN RIVER SHRS, FL	
21 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
22 NAME	MARILYN S. BLACKWELL	
23 STREET ADDRESS	RFD #1,VOX 63, CENTER ROAD	
24 CITY-ST-ZIP	EAST MONTPELIER, VT 05651	
31 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
32 NAME	KATHARINE L. FIELDHOUSE	
33 STREET ADDRESS	4297 CARPINTERIA AVE, APT. 7	
34 CITY-ST-ZIP	CARPINTERIA, CA 93013	
41 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
42 NAME	ELIZABETH S. VANDERLINDE	
43 STREET ADDRESS	36 WHITE STONE LANE	
44 CITY-ST-ZIP	ROCHESTER, NY 14618	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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 on an attachment with an address.

SIGNATURE: Margaret F. Schultz — 2/16/95 Date — 407-461-5805 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET F. SCHULTZ - PRESIDENT

0302730 CP