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
95 FEB 17 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834277 (6)

1. Corporation Name
MEDUSA IMPORTS, INC.

Principal Place of Business	Mailing Address
1511- J FOWLER AVENUE TAMPA FL 33612	1511- J FOWLER AVENUE TAMPA FL 33612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1975	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1591532	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 5455 W. Waters Ave	26 5455 W. Waters Ave
22 Suite # 215	27 Suite # 215
23 Tampa FL	28 Tampa FL
24 Zip 33634 / 25 Country	29 Zip 33634 / 30 Country

9. Name and Address of Current Registered Agent

SANDERS, D.M.
1511 FOWLER AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: DALE CANDELS
82 Street Address (P.O. Box Number is Not Acceptable): 5455 W. Waters Ave Suite 215
83
84 City: Tampa FL 85 Zip Code: 33634

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] 2/1/95
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	P	1.1 TITLE		☒ Change ☐ Addition
NAME	SANDERS, D. M.	1.2 NAME		
STREET ADDRESS	1511-J FOWLER AVE	1.3 STREET ADDRESS	5455 W. Waters Ave Suite 215	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33634	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, H.M.	2.2 NAME		
STREET ADDRESS	2310 COLLINS LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☒ Change ☐ Addition
NAME	SANDERS, D.M.	3.2 NAME		
STREET ADDRESS	1511-J FOWLER AVE	3.3 STREET ADDRESS	5455 W. Waters Ave Suite 215	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33634	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, W.D.	4.2 NAME		
STREET ADDRESS	1572 SANDY LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	SANDERS, D M	5.2 NAME		
STREET ADDRESS	1511-J FOWLER AVE	5.3 STREET ADDRESS	5455 W. Waters Ave Suite 215	
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	Tampa FL 33634	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, H.M.	6.2 NAME		
STREET ADDRESS	2310 COLLINS LN	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND 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: [signature] 2/1/95 (813) 886 6800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #

02D5502 CP