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 15 PM 3:07

DOCUMENT # 850453 (2)

1. Corporation Name
ARMSTRONG-HUNT, INC.

Principal Place of Business	Mailing Address
1 ARMSTRONG ROAD MILTON FL 32583	1 ARMSTRONG ROAD MILTON FL 32583

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1981
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8100 ARMSTRONG ROAD	26 8100 ARMSTRONG ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MILTON FL	City & State 28 MILTON FL
Zip 24 32583 Country 25 USA	Zip 29 32583 Country 30 USA

4. FEI Number: 38-2282032 ☐ 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

DYKSTRA, DAVID A.
6329 ELMWOOD LANE
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name: Gregory A. Shouppe
82 Street Address (P.O. Box Number is Not Acceptable): 233 Queen Street
83
84 City: Milton, FL FL 85 Zip Code: 32570

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: Gregory A. Shouppe Controller 2/10/95
(Signature and 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	P	☒ Change ☐ Addition
NAME	O'DELL, LAWRENCE R.	1.2 NAME	O'Dell, Lawrence R.	
STREET ADDRESS	1 ARMSTRONG RD.	1.3 STREET ADDRESS	8100 Armstrong Road	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Milton, FL 32583	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLOSS, DOUGLAS V.	2.2 NAME	Bloss, Douglas V.	
STREET ADDRESS	900 MAPLE STREET	2.3 STREET ADDRESS	2081 SE Ocean Blvd, 4th Floor	
CITY-ST-ZIP	THREE RIVERS MI	2.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	SD	3.1 TITLE	SDT	☒ Change ☐ Addition
NAME	GIBSON, STEPHEN P.	3.2 NAME	Gibson, Stephen P.	
STREET ADDRESS	900 MAPLE STREET	3.3 STREET ADDRESS	2081 SE Ocean Blvd, 4th Floor	
CITY-ST-ZIP	THREE RIVERS MI	3.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	DYKSTRA, DAVID A.	4.2 NAME	Please Delete-No longer an Officer	
STREET ADDRESS	1 ARMSTRONG RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Lawrence R. O'Dell Lawrence R. O'Dell 2/10/95 904-626-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302231 CR