FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 AM 11:42

DOCUMENT # F05436 (3)

1. Corporate Name: ROBERT L. FLOOD, INC.

Principal Place of Business: 1732 INDIAN RIVER DR, SEBASTIAN FL 32958, US

Mailing Address: P. O BOX 780277, SEBASTIAN FL 32978, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1980

3a. Date of Last Report: 06/24/1994

4. FEI Number: 59-2048296 — 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 Office if Changed: 21 / 22 Suite, Apt # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address: 26 / 27 Suite, Apt # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FLOOD, ROBERT L
~~6955 FLEMING GRANT RD~~
~~SEBASTIAN FL 32976~~

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 1732 INDIAN RIVER DR

83

84 City: SEBASTIAN FL 85 Zip Code: 32958

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLOOD, ROBERT L
STREET ADDRESS	~~6955 FLEMING GRANT RD~~
CITY-ST-ZIP	~~SEBASTIAN FL~~
TITLE	VD
NAME	FLOOD MARY B..
STREET ADDRESS	~~6955 FLEMING GRANT RD~~
CITY-ST-ZIP	~~SEBASTIAN FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	1732 INDIAN RIVER DR	
1 CITY-ST-ZIP	SEBASTIAN FL 32958	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS	1732 INDIAN RIVER DR	
2 CITY-ST-ZIP	SEBASTIAN FL 32958	

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/17/95 DAYTIME PHONE: 407-589-2552

042200 FP