FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)**DOCUMENT #** Corporation Name EXECUTIVE SHELTER CORP. Mailing Address Principal Place of Business % DENNIS WATERS % DENNIS WATERS 3330 ENGLISH BRICK TRAIL 3330 ENGLISH BRICK TRAIL DELAND FL 32724 DELAND FL 32724 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1981 04/28/1995 4. FEI Number 2a, Mailing Address 2. Principal Place of Business 59-2551719 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country $Z_{\rm ID}$ Zip Country Yes Mo Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) WATERS, DENNIS 82 3330 ENGLISH BRICK TRAIL 83 DELAND FL 32724 85 City 84 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 (NOTE Response set Ages) signature or production or containing ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1. 1 TIFLE TITLE 1.2 NAME WATERS, DENNIS NAME 3330 ENGLISH BRICK TRAIL 1.3 STREET ADDRESS. STREE! ADDRESS 14 CITY - 51 - Z-P DELAND, FL 00000 CITY - ST - ZIP ☐ Change DELETE 2 1 HTLF TITLE STV 2.2 NAME WATERS, GAIL NAME 2.3 STREET ADDRESS 3330 ENGLISH BRICK TRAIL STREET ADDRESS 2.4 C!1Y - ST - ZiP **DELAND FL** CHTY-ST-ZIP Change DELETE 3 1 TI!LE TITLE 3.2 NAME NAME 3.3 STREET ACORESS STREET ADDRESS 3 4 CITY - ST - ZIF CHTY-ST-ZIP Change DELETE 4 1 THEF 11"LE 4.2 NAME NAME

64 City - ST - ZIP 14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Floride Statutes I further certify that the information indicated on the affinial report of cumplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth, that I am an officer or director of the corporation or the processor 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

4.3 STREET ACORESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

WATERS

5.4 CITY - ST - ZIP

4.4 CHY - ST - ZIP

5 1 MILE

5.2 NAME

6 1 THEF

6.2 NAMi

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

City - ST - ZiF

TITLE

NAME

TITLE

NAME

SIGNATURE: DENNIS

DELETE

DELFTE

Applied For

Zip Code

Addit on

Addition

Addition

Add-tion

Add-tion

Addition

☐ Change

☐ Change

CR2E034 (12/95)

Not Applicable