SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1985 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MIXIMUM ALSOUNT DUE TO REINSTATE: \$375) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham FILED SECRETARY OF STATE DIVISION OF COMPORATIONS ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1995 DOCUMENT # F34560 (5)95 JUN 14 AM 9: 12 RALPH FOGG, INC. Mailing Address Principal Place of Business 3921 SOUTH U.S. #1 3921 SOUTH U.S. #1 FT. PIERCE FL 34982 FT. PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 05/12/1981 06/21/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2095458 Not Applicable 26 21 Suite, Apt. #, etc. S8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has lability Yes Flonda Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FOGG, RALPH H. Street Address (P.O. Box Number is Not Acceptable) 3921 SOUTH U.S. #1 **B3** FT. PIERCE FL 34987 Zip Code City 84 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: Registered Agent signature required whon ministating) DATE Signature, typed or printed name of registered agent and title if applicable (3/92)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change 1 1 TITLE TITLE FOGG, RALPH H. 12 NAME NAME 3921 SOUTH U.S. #1 13 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 1 4 CITY - S1 - ZIP CITY-ST ZIP Change ___ Addition 2.1 T(T) F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIP CITY ST-ZIP Change Addition 3 1 TITLE THILE 32 NAME NAME 3.3 STREET ADDRESS SIRFE! ADDRESS 3 4 CITY - ST - ZIP CITY ST ZIP Change Addition IIILE 4 L TOTLE 4.2 NAME HAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY ST ZIP Change Addition 5 1 TIFLE IIIti 52 NAME NAUME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY | 51 - ZIP CITY ST ZIP Change Addition 6 1 1011 TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY ST-ZIP 14. I do horoby curtify that the information supplied with this filting 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 affect as it made under eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charges or op an attachment with an authors.

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