FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # F75360 (0)

1. GENE WILSON & ASSOCIATES, INC.

Principal Place of Business: 6105 MEMORIAL HWY, SUITE F, TAMPA FL 33615, US

Mailing Address: 6105 MEMORIAL HWY, SUITE F, TAMPA FL 33615, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1982

3a. Date of Last Report: 06/10/1994

2. Principal Place of Business: 190

21 190 St THomas Cir N

22 Suite, Apt. #, etc.

23 City & State: Apollo Beach, FL

24 33572 25 Hillsborough

2a. Mailing Address: 190

26 190 St THomas Cir N

27 Suite, Apt. #, etc.

28 City & State: Apollo Beach FL

29 33572 30 Hillsborough

4. FEI Number: 59-2172966 — 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 elected to be taxed as a small business under S. 1361 of the Internal Revenue Code. Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DORRETT, DONALD D.
~~4311 W. WATERS AVE S. 303~~
~~TAMPA FL 33614~~

10. Name and Address of New Registered Agent

81 Name: SAME

82 Street Address (P.O. Box Number is Not Acceptable): 190 St THomas Circle N.

83

84 City: Apollo Beach FL 85 Zip Code: 33572

11. Pursuant to the provisions of Section 607.0505, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Donald D Dorrett DONALD D. DORRETT PRES 4-25-95

12. OFFICERS AND DIRECTORS

P
DORRETT, DONALD D
6105 F MEMORIAL HWY
TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE: P
NAME: 190 SAME
CURRENT ADDRESS: 190 St THomas Circle NORTH
CITY, ST, ZIP: Apollo Beach, FL 33572

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. 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 with an asterisk (*) or an asterisk with an addition.

813-886-4446

SIGNATURE: Donald D Dorrett DONALD D. DORRETT PRES 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0297604 CP