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

APPROVED AND FILED
95 MAY -1 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002739 (0)

1. Corporation Name
HAVANA BOILER COMPANY

Principal Place of Business	Mailing Address
PO BOX 1128 HAVANA FL 32333	PO BOX 1128 HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Hwy 27 N.
22 Suite, Apt. #, etc
23 City & State: Havana, FL
24 Zip: 32333
25 County: Gadsden

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

4. FEI Number: 59-3237056 ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Thomson W.
ROCKWOOD, ~~THOMAS W~~
PO BOX 1128, HIGHWAY 27 NORTH
1-1/2 MILES NORTH OF HAVANA ON LEFT
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name: Thomson W. Rockwood
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: N/A DATE: 4/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P Thomson W.	11 TITLE	☐ Change ☐ Addition
NAME	ROCKWOOD, ~~THOMAS W~~	12 NAME	
STREET ADDRESS	4018 KILMARTIN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WALSH, DAVID P	22 NAME	
STREET ADDRESS	3938 MAGELLAN TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	24 CITY-ST-ZIP	
TITLE	TS	31 TITLE	☐ Change ☐ Addition
NAME	STRANGE, MARILYN M	32 NAME	
STREET ADDRESS	RR 2 BOX 351-A2	33 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	BARRINGER, PAUL B II	42 NAME	
STREET ADDRESS	COUNTRY CLUB ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	WELDON NC 27890	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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****200.00 ****200.00

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: Marilyn M Strange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marilyn M. Strange

4/24/95 (Date) 9045396432 (Daytime Phone #)

0400870 FP