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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:42

DOCUMENT # **F94000005703 (3)**

1. Corporation Name
IVANS, INC.

Principal Place of Business	Mailing Address
777 WEST PUTNAM AVE. GREENWICH CT 06830	777 WEST PUTNAM AVE. GREENWICH CT 06830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 13-3142765 ☐ 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

9. Name and Address of Current Registered Agent

LUCYSHYN, PAT
IVANS, INC.
5405 CYPRESS CENTER DR.
TAMPA FL 33609-1024

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
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	1.1 TITLE		☐ Change ☐ Addition
NAME	BARHAM, ROBERT	1.2 NAME		
STREET ADDRESS	255 BYRAM SHORE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	WATERS, RITA	2.2 NAME		
STREET ADDRESS	17 BENDER DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06870	2.4 CITY-ST-ZIP		
TITLE	TS	3.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, ROBERT S	3.2 NAME		
STREET ADDRESS	3 BLACKMAN ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEFIELD CT 06877	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, ROBERT	4.2 NAME		
STREET ADDRESS	518 EAST BROAD ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43216	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	BUBOLZ, JOHN	5.2 NAME	Entringer, James	
STREET ADDRESS	2401 SOUTH MEMORIAL DR.	5.3 STREET ADDRESS	40 Wantage Ave.	
CITY-ST-ZIP	APPLETON WI 54912	5.4 CITY-ST-ZIP	Branchville NJ 07890	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CADENHEAD, WILLIAM	6.2 NAME		
STREET ADDRESS	8701 BEDFORD EULESS ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	HURST TX 76095	6.4 CITY-ST-ZIP		

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 addendum.

SIGNATURE: Robert S. Payne 3-31-95 203-532-2121
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0903A03 FP