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 MAR 24 PM 1:05

DOCUMENT # G13783 (7)

1. Corporation Name
PACAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
415 US HWY 1 VERO BEACH FL 32962-1602	415 US HWY 1 VERO BEACH FL 32962-1602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1982
3a. Date of Last Report: 04/18/1994

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

4. FEI Number: 59-2512066 ☐ 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

CALIGIURI, PASQUALE F.
1140 LEEWARD LANE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5575 LAS BRISAS DRIVE
83
84 City: VERO BEACH FL 85 Zip Code: 32967

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Pasquale F Caligiuri, President — 3/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	CALIGIURI, PASQUALE F	1.2 NAME		
STREET ADDRESS	1140 LEEWARD LANE	1.3 STREET ADDRESS	5575 LAS BRISAS DRIVE	
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GARRETTSON, THOMAS M.	2.2 NAME		
STREET ADDRESS	8 WINDING WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	LOCUST VALLEY NY	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	CALIGIVRI, BERNADETTE	3.2 NAME		
STREET ADDRESS	1140 LEEWARD LANE	3.3 STREET ADDRESS	5575 LAS BRISAS DRIVE	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	GARRETTSON, JOANNE	4.2 NAME		
STREET ADDRESS	8 WINDING WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	LOCUST VALLEY NY	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 address.

SIGNATURE: PASQUALE F CALIGIURI
Pasquale F Caligiuri — 3/21/95 — 407-563-4809
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

007B104 CP