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 14 AM 8:11

DOCUMENT # G14019 (5)

1. Corporation Name
ORION WORLD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
676 WASHBURN ROAD, SUITE 11 P.O. BOX 361467 MELBOURNE FL 32936-8467	676 WASHBURN ROAD, SUITE 11 P.O. BOX 361467 MELBOURNE FL 32936-8467

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1982
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21 493 ALICE DRIVE
Suite, Apt. #, etc. 22
City & State 23 MELBOURNE, FL
Zip 24 32935 Country 25 USA

2a. Mailing Address
26 P.O. BOX 361467
Suite, Apt. #, etc. 27
City & State 28 MELBOURNE, FL
Zip 29 32936-1467 Country 30 USA

4. FEI Number: 59-2288949 ☐ 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

MILLIKEN, ROBERT K
493 ALICE DR
MELBOURNE, FL
32935

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 (of new registered agent if appointed) DATE (Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	CPS	11 TITLE	☐ Change ☐ Addition
12 NAME	MILLIKEN, ROBERT K	12 NAME	
13 STREET ADDRESS	493 ALICE DR	13 STREET ADDRESS	
14 CITY-ST-ZIP	MELBOURNE, FL 00000	14 CITY-ST-ZIP	
21 TITLE	TD	21 TITLE	☐ Change ☐ Addition
22 NAME	MILLIKEN, ROBERT K	22 NAME	
23 STREET ADDRESS	493 ALICE DR	23 STREET ADDRESS	
24 CITY-ST-ZIP	MELBOURNE, FL 00000	24 CITY-ST-ZIP	
31 TITLE	OP	31 TITLE	☐ Change ☐ Addition
32 NAME	MILLIKEN, ROBERT	32 NAME	
33 STREET ADDRESS	493 ALICE DR	33 STREET ADDRESS	
34 CITY-ST-ZIP	MELBOURNE, FL 00000	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 added by attachment with an address.

SIGNATURE: Robert K. Milliken ROBERT K. MILLIKEN, C/P/S MARCH 8, 1995 (407) 254-6149
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #

0436787 FP