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 JAN 10 AM 8:56

DOCUMENT # **G36425** (8)

1. Corporation Name
ENABLING TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
3102 S.E. JAY ST. STUART FL 34997	3102 S.E. JAY ST. STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1983**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2503431** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOND, JAMES A., P.A.
FIRST NATIONAL BANK BUILDING, SUITE 4
1251 S.W. 27TH STREET
PALM CITY FL 34990

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 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 _____
(Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent, signature required when submitting) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95		
TITLE	PDS	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	SCHENK, ROBERT A.	1.2 NAME	CHUCK SMITH	
STREET ADDRESS	3102 S.E. JAY STREET	1.3 STREET ADDRESS	3139 S.E. DOUBLETON DRIVE	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE	D	2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	OWEN, NATHAN	2.2 NAME	KEITH ADAMS	
STREET ADDRESS	18 SIMARA ST	2.3 STREET ADDRESS	3654 SE FAIRWAY EAST	
CITY-ST-ZIP	SEWELL POINT FL	2.4 CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE	C	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, WILLIAM A., SR.	3.2 NAME		
STREET ADDRESS	31 S.E. HARBOR POINT DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE	VTD	4.1 TITLE		☐ Change ☐ Addition
NAME	KIMBROUGH, B.T.	4.2 NAME		
STREET ADDRESS	3102 S.E. JAY STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ED	5.2 NAME		
STREET ADDRESS	3644 FAIRWAY E	5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	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: [signature] PRESIDENT ROBERT SCHENK 1/11/95 407-283-4847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381775 CP