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 13 PM 4:01

DOCUMENT # **G47495** **(8)**

1. Corporation Name
CORNWELL'S PRODUCTS, INC.

Principal Place of Business	Mailing Address
2505 PARADISE CIRCLE KISSIMMEE FL 34741	2505 PARADISE CIRCLE KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1983
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 1320 Amberwood Blvd.
22 Suite, Apt. #, etc.
23 City & State: Kissimmee FL.
24 Zip: 34741 25 County: Osceola

2a. Mailing Address
26 1320 Amberwood Blvd
27 Suite, Apt. #, etc.
28 City & State: Kissimmee FL
29 Zip: 34741 30 County: Osceola

4. FEI Number: 59-2306075 ☐ 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 C. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CORNWELL, CHRISTINE
2505 PARADISE CIR.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Cornwell Christine
82 Street Address (P.O. Box Number is Not Acceptable): 1320 Amberwood Blvd.
83
84 City: Kissimmee FL 85 Zip Code: 34741

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: MA (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	11 TITLE	PD	☑ Change ☐ Addition
NAME	CORNWELL, RONALD F.	12 NAME	CORNWELL, RONALD F	Address
STREET ADDRESS	2505 PARADISE CIR.	13 STREET ADDRESS	1320 Amberwood Blvd	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	Kissimmee FL 34741	
TITLE	VST	21 TITLE	VST	☑ Change ☐ Addition
NAME	CORNWELL, CHRISTINE	22 NAME	CORNWELL, CHRISTINE	Address
STREET ADDRESS	2505 PARADISE CIR.	23 STREET ADDRESS	1320 Amberwood Blvd	
CITY ST ZIP	KISSIMMEE, FL 00000	24 CITY ST ZIP	Kissimmee FL 34741	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	CORNWELL, CHRISTINE	32 NAME	CORNWELL, CHRISTINE	Address
STREET ADDRESS	2505 PARADISE CIR.	33 STREET ADDRESS	1320 Amberwood Blvd	
CITY ST ZIP	KISSIMMEE FL	34 CITY ST ZIP	Kissimmee FL 34741	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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		

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: Ronald F. Cornwell 4-1-95 407-846-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462166 FP