FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G48586** **(3)**

1. Corporation Name
CETACEAN LOGIC, INC.

Principal Place of Business
340 NO. CAUSEWAY
P.O. BOX 2524
NEW SMYRNA BEACH FL 32170

Mailing Address
340 NO. CAUSEWAY
P.O. BOX 2524
NEW SMYRNA BEACH FL 32170

3. Date Incorporated or Qualified: **07/13/1983**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2408989** 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
MARSHALL, FRANK E. III
1803 NORTH PENINSULA
NEW SMYRNA BEACH FL 32169

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 607.0505 and 607.1604, 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 of Registered Agent (Required if the registered agent is a corporation) NOTE: For Registered Agent Signature (Required if a corporation is registered agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	MARSHALL, FRANK E, III	
STREET ADDRESS	1803 NORTH PENINSULA	
CITY, ST, ZIP	NEW SMYRNA BEACH FL	
TITLE	V	☐ DELETE
NAME	PROVOST, STEVEN C	
STREET ADDRESS	306 FOX SQUIRREL LN	
CITY, ST, ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	1805 Beacon St.	
24 CITY, ST, ZIP	NEW SMYRNA BEACH, FL 32169	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied on this form is veritable by me and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or otherwise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes and additions thereto, if any, herein.

SIGNATURE: Frank E. Marshall III — 2-23-96 — 904 427-0694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frank E. Marshall III — 2/23/96 — 904-427-0694

CR2E034 (12/95)