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
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G50472 (1)

1. Corporation Name
ALLTECH M. CORPORATION

Principal Place of Business	Mailing Address
450 DAVIS PARKWAY P.O. ~~BOX~~ 3550 FLORIDA CITY FL 33034-3350 US	450 DAVIS PARKWAY P.O. ~~BOX~~ 3550 ~~HOMESTEAD FL 33030~~ FL City, FL 33034 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1993
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2350806	☐ Applied For ☐ Not Applicable
21 450 DAVIS PKY	26 450 DAVIS PKY,		
Suite, Apt. #, etc. 22 P.O. BOX 3550	Suite, Apt. #, etc. 27 P.O. BOX 3550	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 FL. City, FL	City & State 28 FL City, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 ~~33~~ 33034 Country 25 USA	Zip 29 33034 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WALRATH, DAVID B
304 E BALDWIN AVE
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: WALRATH, DARRYL T.
82 Street Address (P.O. Box Number is Not Acceptable): 450 DAVIS PKY
83: P.O. BOX 3550
84 City: FL City FL 85 Zip Code: 33034

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: Darryl Walrath V-PD 7/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WALRATH, DAVID	1.2 NAME	
STREET ADDRESS	304 E BALDWIN AV	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALRATH, JANET T	2.2 NAME	
STREET ADDRESS	304 E BALDWIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	WALRATH, DAVID B	3.2 NAME	
STREET ADDRESS	304 E. BALDWIN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS FL	3.4 CITY-ST-ZIP	
TITLE	~~VD~~	4.1 TITLE	VPD Darryl Walrath ☒ Change ☐ Addition
NAME	~~WALRATH, HELEN J~~	4.2 NAME	WALRATH, DARRYL T.
STREET ADDRESS	~~3301 SW 13TH ST., APT. A-103~~	4.3 STREET ADDRESS	450 DAVIS PKY FL City, FL 33034
CITY-ST-ZIP	~~GAINESVILLE FL~~	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: [redacted] DAVID B. WALRATH 5/16/95 (305) 247-2287
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0117480 CP