SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
~~AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)~~

PROFIT 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 JUN 29 AM 8:24

DOCUMENT # G53782 (0)

1. Corporation Name

PLAN-E, INC.

NEVER RECEIVED FIRST NOTICE

Principal Place of Business	Mailing Address
~~8926 BYRON AVE.~~ ~~SURFSIDE FL 33154~~ 201 VILLAGE LANE WINTER PARK FL 32792	~~8926 BYRON AVE.~~ ~~SURFSIDE FL 33154~~ 201 VILLAGE LANE WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 201 VILLAGE LANE WINTER PARK, FL 32792	2a. Mailing Address 26 WINTER PARK, FL 32792 201 VILLAGE LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 08/11/1983	3a. Date of Last Report 02/03/1994
4. FEI Number 59-2360776	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	10. Name and Address of New Registered Agent
POOLE, DARRELL O. 8926 BYRON AVE. SURFSIDE FL 33154	81 Name: DARRELL O. POOLE 82 Street Address (P.O. Box Number is Not Acceptable): 201 VILLAGE LANE 83: WINTER PARK 84 City: FL 85 Zip Code: 32792

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: DarrellPoole — 25 June 1995
(Signature, typed or printed name of registered agent and title if applicable) (FWSL Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITION, CHANGE OR DELETION (DELETE ALL CURRENT OFFICERS AND DIRECTORS)	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	POOLE, KELVIN F.	12 NAME	
STREET ADDRESS	203 PAYNE LANE	13 STREET ADDRESS	
CITY ST ZIP	CLEMSON SC	14 CITY ST ZIP	
TITLE	PD	21 TITLE	PRES. ☑ Change ☐ Addition
NAME	POOLE, DARRELL O.	22 NAME	DARRELL O. POOLE
STREET ADDRESS	8926 BYRON AVENUE	23 STREET ADDRESS	201 VILLAGE LANE
CITY ST ZIP	SURFSIDE FL	24 CITY ST ZIP	WINTER PARK, FL 32792
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	

CR2E034 (3/95)

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: DarrellPoole. — 25 June 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0144063 FP