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

APPROVED AND FILED
95 MAY -1 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G61529 (5)

1. Corporation Name
RECON, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
300 MISTY PINES CR STE C101 NAPLES FL 33942 US	300 MISTY PINES CR STE C101 NAPLES FL 33942 US

3. Date Incorporated or Qualified: 09/29/1983
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21 3199 60TH ST. S.W.	26 3199 60TH ST. S.W.
Suite, Apt. #, etc. 22 NAPLES, FLORIDA	Suite, Apt. #, etc. 27
City & State 23	City & State 28 NAPLES, FLORIDA
24 Zip 33999 25 Country COLLIER	29 Zip 33999 30 Country COLLIER

4. FEI Number: 65-0131029 ☐ 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

FAGAN PETER F
~~300 MISTY PINES CR STE C101~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3199 60TH ST. S.W.
83
84 City: NAPLES FL 85 Zip Code: 33999

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: PETER F. FAGAN, PRESIDENT DATE: 4/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	FAGAN, PETER F	1.2 NAME	
STREET ADDRESS	300 MISTY PINES CR C101	1.3 STREET ADDRESS	3199 60TH STREET S.W.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL. 33999
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: 4/27/95 (813) 352-6160
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER F. FAGAN

0127020 CP