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 MAR 24 PM 2:00

DOCUMENT # G70372 (9)

1. Corporation Name
MEDICINE BOW, INC.

Principal Place of Business	Mailing Address
% JEROME G SCHRADER 301 EAST MERIDIAN AVENUE #314 DADE CITY FL 33525	% JEROME G SCHRADER 301 EAST MERIDIAN AVENUE #314 DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1983
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2352175 ☐ 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

SCHRADER, JEROME G.
301 E. MERIDIAN AVE #314
DADE CITY FL 33525

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 607.0502 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 _____ DATE
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WADE, TED	1.2 NAME	
STREET ADDRESS	5436 LAKE LECLAIR RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, JAMES N.	2.2 NAME	
STREET ADDRESS	3314 WESSYNTON WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	O'TOOLE, SHARON S.	3.2 NAME	
STREET ADDRESS	LADDER RANCH, PO BOX 15 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SLATER CO	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SALISBURY, GEORGE J	4.2 NAME	
STREET ADDRESS	LADDER RANCH, PO BOX 15	4.3 STREET ADDRESS	
CITY-ST-ZIP	SLATER CO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SALISBURY, LAURA	5.2 NAME	
STREET ADDRESS	LADDER RANCH, PO BOX 15	5.3 STREET ADDRESS	
CITY-ST-ZIP	SLATER CO	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: Theodore E. Wade March 20, 1995 813-251-6942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THEODORE E. WADE

0440610 FP