AMENDED $ 61.25

CORPORATION ANNUAL REPORT
AMENDED 1995

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

FILED
95 May 1 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G74447 (5)

1. Corporation Name
EIGHT C CORP.

Principal Place of Business
P O BOX 4601
HIALEAH FL 33014

Mailing Address
P O BOX 4601
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1983
3a. Date of Last Report: 04/07/1994
4. FEI Number: ~~59-1432889~~ 59-2432889 | 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

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

2a. Mailing Address
26 314 E. GLENOAKS BLVD
Suite, Apt. #, etc.
27
City & State
28 GLENDALE CA
Zip 29 91207 Country 30 USA

9. Name and Address of Current Registered Agent
PAPY, CHARLES C., III
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	PAPY, CHARLES C., III	1.2 NAME	DELETE 800001474938
STREET ADDRESS	201 ALHAMBRA CIRCLE #502	1.3 STREET ADDRESS	-05/04/95--01010--010
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	P	2.1 TITLE	V + D ☒ Change ☐ Addition
NAME	LEGG, ELMO T.	2.2 NAME	
STREET ADDRESS	314 E. GLENOAKS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V + D ☒ Change ☐ Addition
NAME	COOPER, ROY	3.2 NAME	COOPER, ROY
STREET ADDRESS	1800 NE 114 ST. #1511	3.3 STREET ADDRESS	4000 TOWERSIDE TERR., #2008
CITY-ST-ZIP	NO. MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	ST	4.1 TITLE	ST + D ☒ Change ☐ Addition
NAME	CAMPBELL, NANCY K.	4.2 NAME	
STREET ADDRESS	314 E. GLENOAKS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	P ☐ Change ☒ Addition
NAME		5.2 NAME	MARGARET LEGG LYNCH
STREET ADDRESS		5.3 STREET ADDRESS	314 E. GLENOAKS BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GLENDALE CA 91207
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

RC

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.

NANCY CAMPBELL 4/16/95 213-245-5607

SIGNATURE: Nancy K Campbell Roy Cooper 2/15/95 305 825 2041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy K Campbell NANCY K CAMPBELL 3/21/95 Daytime Phone # 213 245-5607