FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H22936 (9)

1. Corporate Name

ISLES DEVELOPMENT CORPORATION

Principal Place of Business:
702 TUSCARORA TRAIL
PO BOX 941356
MAITLAND FL 32794

Mailing Address:
702 TUSCARORA TRAIL
PO BOX 941356
MAITLAND FL 32794

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1984
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2589266 — 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. The corporation has liability for intangible tax under s. 199.... Florida Statutes. Yes / [X] No

2. Principal Office Address:
21: 1 Fla. Pk. Dr. South
22: Suite 107
23: Palm Coast, Fl.
24: 32137 25: Flagler

2a. Mailing Address:
26: 1 Fla. Pk.Dr.S.,
27: Suite 107
28: Palm Coast, Fl.
29: 32137 30: Flagler

9. Name and Address of Current Registered Agent

MEREDITH, SANDRA
2699 LEE RD #150
WINTER PARK FL 32789

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 ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CRISHER, JAMES N.
STREET ADDRESS	2059 OAK MARSH DR
CITY-ST-ZIP	FERNANDINA BCH FL
TITLE	DP
NAME	VESTEY, SIDNEY S.
STREET ADDRESS	702 TUSCARORA TRAIL
CITY-ST-ZIP	MAITLAND FL
TITLE	DST
NAME	CRISHER, GRACIE G.
STREET ADDRESS	2059 OAK MARSH DRIVE
CITY-ST-ZIP	FERNANDINA BCH FL
TITLE	~~D~~
NAME	~~CRISHER, GRACIE G.~~
STREET ADDRESS	~~2251 S. 8TH ST, POB 857~~
CITY-ST-ZIP	~~FERNANDINA BCH FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

4 TITLE — XX Change / Addition
NAME: Delete

14. I 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: Sydney S. Vestey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sydney S. Vestey, Pres.

Date: 5-5-95 Daytime Phone #: 904-446-9087

0418802 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

...10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H23350 (2)

1. Corporate Name
MERTEK, INC.

Principal Place of Business
185 HANGING MOSS LANE
DELTONA FL 32725
US

Mailing Address
185 HANGING MOSS LANE
DELTONA FL 32725
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1984
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2471647 — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [✓] No

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

9. Name and Address of Current Registered Agent

CULTON, ROBERT H. II
539 VERSAILLES DRIVE
SUITE 100
MAITLAND FL 32751

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 607.1502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	[ ] Change [ ] Addition
NAME	ROTHROCK, MICHAEL E.	1 NAME	
STREET ADDRESS	185 HANGING MOSS LANE	1 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: Michael E Rothrock 9 May 95 407 3231185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040961 CP