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 APR 12 PM 10: 38

DOCUMENT # H35405 (0)

1. Corporation Name
NEON, INC.

Principal Place of Business
% MARSHALL W. WHITE, III
112 S MAGNOLIA AVENUE
OCALA FL 32671-2036

Mailing Address
% MARSHALL W. WHITE, III
112 S MAGNOLIA AVENUE
OCALA FL 32671-2036

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/26/1984
3a. Date of Last Report: 02/18/1994

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) 34474 Country (25)
Zip (29) 34474 Country (30)

4. FEI Number: 59-2485487 — 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
WHITE, MARSHALL W., III
112 S MAGNOLIA AVENUE
OCALA FL ~~32670~~ 34474

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	WHITE, MARSHALL W., III	1.2 NAME		
STREET ADDRESS	3411 NE 9TH AVENUE	1.3 STREET ADDRESS	3091 S.E. 45th Street	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34480	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	DEL TORO, ROBERTA C.	2.2 NAME		
STREET ADDRESS	2115 SW 6TH TERRACE	2.3 STREET ADDRESS	2115 S.E. 16th Terrace	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	VPD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MANNING, JAMES EDWARD	3.2 NAME	Manning, James Edward	
STREET ADDRESS	1605 NW 37TH STREET	3.3 STREET ADDRESS	16694 SW 44th St	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala Fla 34481	
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)(k), 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: Roberta Del Toro — 04/20/95 — (904) 629-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERTA DEL TORO

0361200 CP