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 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H39848 (7)

1. Corporation Name
THE CEPCOT CORPORATION

Principal Place of Business	Mailing Address
14480 62ND STREET NORTH CLEARWATER FL 34620 US	P.O. BOX 6025 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2505692 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34620 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

[redacted], FRED A.
14480 62ND STREET NORTH
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name: Judith A. Gras
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: Judith A. Gras — 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	PDX D	11 TITLE	Director	☒ Change ☐ Addition
NAME	THOMAS, FRED A.	12 NAME		
STREET ADDRESS	14480 62ND STREET NORTH	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620	14 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE	S	21 TITLE		☐ Change ☒ Addition
NAME	GRAS, JUDITH A.	22 NAME		
STREET ADDRESS	14480 62ND STREET NORTH	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620	24 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE	T	31 TITLE		☐ Change ☒ Addition
NAME	EISCH, JAMES P.	32 NAME		
STREET ADDRESS	14480 62ND ST. NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620	34 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE	VP	41 TITLE	President	☒ Change ☐ Addition
NAME	THOMAS, JOHN C	42 NAME		
STREET ADDRESS	14480 62ND STR NO	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620	44 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: (JOHN C. THOMAS) 4/25/95 (813) 531 8913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370248 CP