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
95 FEB -7 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H75315 (2)

1. Corporation Name
TENNESSEE ROAD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3004 FLORIDA CITY FL 33034	P.O. BOX 3004 FLORIDA CITY FL 33034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1985
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21 524 Fernwood Road
22 Suite, Apt. #, etc.
23 City & State: Key Biscayne, FL
24 Zip: 33149
25 Country: Dade

2a. Mailing Address
26 524 Fernwood Road
27 Suite, Apt. #, etc.
28 City & State: Key Biscayne, FL
29 Zip: 33149
30 Country: Dade

4. FEI Number: 59-2628878 ☐ 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

WAKEFIELD, THOMAS H.
91 W MCINTYRE ST
SUITE 204
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: C. G. Rebozo
82 Street Address (P.O. Box Number is Not Acceptable): 524 Fernwood Road
83
84 City: Key Biscayne, 85 FL Zip Code: 33149

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: C.G. REBOZO, PRES. (Signature, typed or printed name of registered agent and title if applicable) C. G. Rebozo (NOTE: Registered Agent signature required where indicated) DATE: 2-3-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	TORCISE, STEVE	12 NAME	
STREET ADDRESS	P.O. BOX 3004, N/A	13 STREET ADDRESS	C.G. Rebozo
CITY-ST-ZIP	FLORIDA CITY FL	14 CITY-ST-ZIP	524 Fernwood Road Key Biscayne, FL 33149
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	DICKE,JAMES F.	22 NAME	OLGA GUILARTE
STREET ADDRESS	P.O. BOX 97, N/A	23 STREET ADDRESS	524 Fernwood Road
CITY-ST-ZIP	NEW BREMEN OH	24 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	REBOZO, C. G.	32 NAME	
STREET ADDRESS	524 FERNWOOD ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	GUILARTE, OLGA	42 NAME	OLGA GUILARTE
STREET ADDRESS	524 FERNWOOD ROAD	43 STREET ADDRESS	524 Fernwood Road
CITY-ST-ZIP	KEY BISCAYNE FL	44 CITY-ST-ZIP	Key Biscayne, Fl 33149
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: C. G. Rebozo 1-26-95 305-365-0099
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0423020 FP