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 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H82506** **(7)**

1. Corporate Name

THE ORIGINAL COMPANY PICNIC COMPANY

Principal Place of Business

10240 STATE RD 84
DAVIE FL 33324

Mailing Address

10240 STATE RD 84
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1985**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2594280** — Applied For ☐ Not Applicable ☐

Suite, Apt. # or Other — 22

Suite, Apt. # or PO — 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City — 23

City, State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

State — 24 — County — 25 — State — 29 — County — 30

8. This corporation was originally organized to practice a profession listed in Chapter 621, Florida Statutes. Yes [X] No ☐

9. Name and Address of Current Registered Agent

O & B ENTERPRISES INC
4450 W HILLSBORO BLVD
COCONUT CREEK FL 33065

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 Section 607.193, and/or 608 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 607.325, Florida Statutes.

Signature of New Registered Agent, if Changed — Name of New Registered Agent, if Changed — Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: DP NAME: BENNETT, DEAN A. STREET ADDRESS: 51 N.E. 20 COURT CITY-ST-ZIP: WILTON MANOUS FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: DS NAME: BARKULOO, VERNON STREET ADDRESS: 4450 W. HILLSBORO CITY-ST-ZIP: DEERFIELD FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: DT NAME: JOANNE OLSON STREET ADDRESS: 2049 SW 16TH CT CITY-ST-ZIP: POMPANO FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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: Dean A Bennett — 5/4/95 — 305 472-7577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231881 CP