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 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H83221** **(2)**

1. Corporation Name

FINALLY INC.

Principal Place of Business	Mailing Address
1592 VILLAGE GREEN DR PORT ST LUCIE FL 34952	1592 VILLAGE GREEN DR PORT ST LUCIE FL 34952

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified: **10/23/1985**

3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business

21 1420 SE. WESTMORELAND BLVD.

22 Suite, Apt. #, etc.

23 City & State: PORT St. Lucie, FL.

24 Zip: 34952 25 County:

2a. Mailing Address

26 1420 SE. WESTMORELAND BLVD.

27 Suite, Apt. #, etc.

28 City & State: PORT St. Lucie, FL.

29 Zip: 34952 30 County:

4. FEI Number: 59-2627656 — 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. Has corporation terminated, or attempted tax under § 199.032, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FARRELL, RICHEY L.
10651 S FEDERAL HWY
PORT ST LUCIE FL 33452

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 607.0502 and 607.1908, 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

Title	DP
Name	ANTONINI, JOHN
Street Address	571 WALLACE TERRACE
City-St-Zip	PORT ST LUCIE FL
Title	DVS
Name	ANTONINI, TONI
Street Address	571 WALLACE TERRACE
City-St-Zip	PORT ST LUCIE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title ☐ Change ☐ Addition

Name

Street Address

City-St-Zip

Title ☐ Change ☐ Addition

Name

Street Address

City-St-Zip

Title ☐ Change ☐ Addition

Name

Street Address

City-St-Zip

Title ☐ Change ☐ Addition

Name

Street Address

City-St-Zip

Title ☐ Change ☐ Addition

Name

Street Address

City-St-Zip

Title ☐ Change ☐ Addition

Name

Street Address

City-St-Zip

14. I hereby certify that the information supplied with this report is true, complete and accurate, and that my electronic 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — DATE

335.0508(407)

0378884 CP