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 APR 27 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H94541 (0)

1. Corporation Name
APPLIED OZONE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
7900 FRUITVILLE RD SARASOTA FL 34240	7900 FRUITVILLE RD SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/17/1986
3a. Date of Last Report: 04/29/1994

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):
County (25):
Zip (29):
County (30):

4. FEI Number: 59-2627190 ☐ 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

SCHLEICHER, CARL L
5408 WILKINSON RD
SARASOTA FL 34235

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHLEICHER, CARL L.	1.2 NAME		
STREET ADDRESS	5408 WILKINSON RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, H.H. JR.	2.2 NAME		
STREET ADDRESS	1882 BRIAR CREEK PL	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, TONEY H	3.2 NAME		
STREET ADDRESS	295 SINCLAIR DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FOXWORTHY, H.R.	4.2 NAME		
STREET ADDRESS	2180 CORNELL ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	C/D	☐ Change ☒ Addition
NAME	BERTELSON, CHRIS	5.2 NAME	Marchese, Mario	
STREET ADDRESS	580 PUTTER LANE	5.3 STREET ADDRESS	7203 Jessie Harbor Drive	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	6.1 TITLE	CEO/D	☐ Change ☒ Addition
NAME	COPLAND, ROBVERT	6.2 NAME	Robert J Murphy	
STREET ADDRESS	4611 WINDSOR PK.	6.3 STREET ADDRESS	1301 Alhambra Drive	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Apollo Beach, FL 33572	

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: Carl L Schleicher Carl L. Schleicher 4-24-95 813 379 0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044884 CP