FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99229** **(7)**

1. Corporate Name

WORLD SATELLITE, INC.

Principal Office Address

% RODNEY STELTER
4377-H CRAWFORDVILLE HIGHWAY
TALLAHASSEE FL 32310

Mailing Address

% RODNEY STELTER
4377-H CRAWFORDVILLE HIGHWAY
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (if Current) **02/13/1986**

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

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number **59-2635593** ☐ Applied For ☐ Not Applicable

Street Apt # or Suite — 22

Suite Apt # etc — 27

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

City & State — 23

City & State — 28

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

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has taxable income as defined in s. 199.023 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNEDEN, DIANNA L
4377-H CRAWFORDVILLE HIGHWAY
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: Childress, Dianna L

82 Street Address (P.O. Box Number is Not Acceptable): 4377-H Crawfordville Hwy

83

84 City: Tallahassee FL 65 Zip Code: 32310

11. Pursuant to the provisions of Section(s) 607.0501 and 607.0505 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: Dianna L Childress

(If changing Registered Agent, Registered Agent must sign above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	ST	Title	ST ☑ Change ☐ Addition
Name	SNEDEN, DIANNA	Name	Childress, Dianna L
Street Address	4377-H CRAWFORDVILLE HWY	Street Address	4377-H Crawfordville Hwy
City-State-Zip	TALLAHASSEE FL	City-State-Zip	Tallahassee FL 32310
Title	P	Title	☐ Change ☐ Addition
Name	STELTER, RODNEY C.	Name	
Street Address	RTE 5 BOX 2563	Street Address	
City-State-Zip	CRAWFORDVILLE FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this report 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 report or supplemental annual report is true and accurate and that my signature shall serve 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 with an address, with an asterisk.

SIGNATURE: Dianna L. Childress **5-1-95** **904-877-6079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0029762 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

... 10:25

DOCUMENT # **H99742** (9)

1. Corporation Name

KITCHENS BY WILLIAM CHARLES, INC.

Principal Place of Business

% WILLIAM W. CALDWELL
744 BEACHLAND BLVD.
VERO BEACH FL 32963-1745

Mailing Address

% WILLIAM W. CALDWELL
744 BEACHLAND BLVD.
VERO BEACH FL 32963-1745

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2648130 [ ] 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

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 County: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 County: 30

9. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BEACH FL 32960

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 617.0502, 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	STODDARD, ROBERT W.
STREET ADDRESS	89 ROYAL PALM BLVD
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	STODDARD, PATRICIA M.
STREET ADDRESS	89 ROYAL PALM BLVD
CITY-ST-ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Stoddard - Pres.

5/7/95
Date

407-569-7693
Daytime Phone

0072248 CP