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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:51

DOCUMENT # J28487 (3)

1. Corporation Name
FEDAG, INC.

Principal Place of Business	Mailing Address
STE 108 DAMON'S-ORLANDO 8445 INTERNATIONAL DR. ORLANDO FL 32819	STE 108 DAMON'S-ORLANDO 8445 INTERNATIONAL DR. ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1986
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2764567 ☐ 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

DOYLE, PATRICK W.
800 W. MORSE BOULEVARD
SUITE 1
ORLANDO FL 32789

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	DS	1.1 TITLE		☐ Change ☐ Addition
NAME	FREDERICK, ANDY	1.2 NAME		
STREET ADDRESS	614 WEST STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	LIBERTYVILLE IL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	MARION, FRED	2.2 NAME		
STREET ADDRESS	2725 CANOE CREEK RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HALEY, DONALD	3.2 NAME		
STREET ADDRESS	3198 BIRCHLANE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FLINT MI	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☒ Change ☐ Addition
NAME	DAWSON, LIN	4.2 NAME		
STREET ADDRESS	55 MEADOWBROOK DR.	4.3 STREET ADDRESS	300 Frenchman's Bluff	
CITY-ST-ZIP	WRENTHAM MA	4.4 CITY-ST-ZIP	Cary, NC	
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	DUTY, TOM	5.2 NAME		
STREET ADDRESS	5310 HIGHLAND SHORE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FLUSHING MI	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, AL	6.2 NAME		
STREET ADDRESS	3075 PINEHILL PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FLUSHING MI	6.4 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: Fred Marion 4-3-95 407-352-5984
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMD CP