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 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J37746** **(1)**

1. Corporation Name

CHARLIE & SONS INC.

Principal Place of Business	Mailing Address
40 S MAIN ST P.O. BOX 845 HIGH SPRINGS FL 32643	40 S MAIN ST P.O. BOX 845 HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/13/1986	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 59-2714685 — ☐ 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 [illegible] for nonprofit tax code § 190.009 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SQUIRE, JOHN C.
40 S MAIN ST
P.O. BOX 845
HIGH SPRINGS FL 32643

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 [illegible] (Typed or printed name of registered agent and title if agent is a corporation) (Registered Agent's signature required for reinstatement) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	SQUIRE, JOHN C.	2 NAME	
STREET ADDRESS	40 S. MAIN ST.	3 STREET ADDRESS	
CITY ST ZIP	HIGH SPRINGS FL	4 CITY ST ZIP	
TITLE	VP	5 TITLE	☐ Change ☐ Addition
NAME	SQUIRE, ROGER A	6 NAME	
STREET ADDRESS	40 S. MAIN ST.	7 STREET ADDRESS	
CITY ST ZIP	HIGH SPRINGS FL	8 CITY ST ZIP	
TITLE	S	9 TITLE	☐ Change ☐ Addition
NAME	BARBEE, PAMELA	10 NAME	
STREET ADDRESS	40 S. MAIN ST.	11 STREET ADDRESS	
CITY ST ZIP	HIGH SRINGS FL	12 CITY ST ZIP	
TITLE	VD	13 TITLE	☐ Change ☐ Addition
NAME	BARBEE, HENRY	14 NAME	
STREET ADDRESS	40 S. MAIN ST.	15 STREET ADDRESS	
CITY ST ZIP	HIGH SPRINGS FL	16 CITY ST ZIP	
TITLE	TD	17 TITLE	☐ Change ☐ Addition
NAME	SQUIRE, WANDA	18 NAME	
STREET ADDRESS	40 S. MAIN ST.	19 STREET ADDRESS	
CITY ST ZIP	HIGH SPRINGS FL	20 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: Pamela Squire Barbee Sec 4/30/95 904 454-2927

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

PAMELA SQUIRE BARBEE

Date (Phone #)

0412720 FP