SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 21 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J46482** **(2)**

1. Corporate Name

CRP USA, INC.

Principal Place of Business	Mailing Address
% CARY R. PATTEN 512 10TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250	% CARY R. PATTEN 512 10TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **12/03/1986**

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

4. FEI Number: **59-2766119** ☐ Applied For ☐ Not Applicable

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

6. ☐ **$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	10. Name and Address of New Registered Agent
PATTEN, CARY R. 512 10TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250	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 _____

12. OFFICERS AND DIRECTORS	13. Add, Change, or Delete Officers and Directors
Title: D Name: PATTEN, CARY R. Street Address: 512 10TH AVENUE SOUTH City-St-Zip: JACKSONVILLE BCH FL	11 Title ☐ Change ☐ Addition 12 Name 13 Street Address 14 City-St-Zip
Title: Name: Street Address: City-St-Zip:	21 Title ☐ Change ☐ Addition 22 Name 23 Street Address 24 City-St-Zip 100001545361 -07/25/95--01064--013 ****225.00 ****225.00
Title: Name: Street Address: City-St-Zip:	31 Title ☐ Change ☐ Addition 32 Name 33 Street Address 34 City-St-Zip
Title: Name: Street Address: City-St-Zip:	41 Title ☐ Change ☐ Addition 42 Name 43 Street Address 44 City-St-Zip
Title: Name: Street Address: City-St-Zip:	51 Title ☐ Change ☐ Addition 52 Name 53 Street Address 54 City-St-Zip
Title: Name: Street Address: City-St-Zip: TLS 7/21/95	61 Title ☐ Change ☐ Addition 62 Name 63 Street Address 64 City-St-Zip

CR2E034 (3/95)

14. I declare, I 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 if changed, or on an attachment with an additional.

SIGNATURE: Cary R. Patten Cary R. Patten 07/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0004048 CP