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
95 JAN 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47038 (1)

1. Corporation Name
COLDIRON MANAGEMENT INC.

Principal Place of Business	Mailing Address
7181 COLLEGE PARKWAY SUITE 42 FT. MYERS FL 33907 US	3443 CLUBVIEW DRIVE P.O. BOX 4605 NORTH FORT MYERS FL 33917-2009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1986
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 7181 College Parkway
4. FEI Number: 59-2745933 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: Suite 42
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23:
City & State — 28: Fort Myers, FL
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: 33907 Country — 30: USA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLDIRON, NANCY
3443 CLUBVIEW DRIVE
NORTH FORT MYERS FL 33917

10. Name and Address of New Registered Agent

01 Name: Nancy Coldiron
02 Street Address (P.O. Box Number is Not Acceptable): 7181 College Parkway, Suite 42
03:
04 City: Fort Myers FL 05 Zip Code: 33907

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: Nancy Coldiron Secretary/Treas. Nancy Coldiron, Sec/Treas. 1/19/95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	COLDIRON, NANCY	1.2 NAME	
STREET ADDRESS	3443 CLUBVIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	COLDIRON, JAMES	2.2 NAME	
STREET ADDRESS	3443 CLUBVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYRES FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	RODD, VAIL	3.2 NAME	
STREET ADDRESS	1715-19 RED CEDAR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Nancy Coldiron Secretary/Treasurer 1/19/95 (813) 277-1171
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

0450699 FP