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 FEB 24 AM 11:26

DOCUMENT # J76970 (9)

1. Corporation Name
TOMED, INC.

Principal Place of Business
101 ABC ROAD
P.O. BOX 4170
LAKE WALES FL 33859-1170

Mailing Address
101 ABC ROAD
P.O. BOX 4170
LAKE WALES FL 33859-1170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1987
3a. Date of Last Report: 06/09/1994

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

4. FEI Number: 59-3126308 — 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
MCCLAIN, JOE A.
402 E. CHURCH AVE.
DADE CITY FL 34297-0004

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	OAKLEY, THOMAS E.	1.2 NAME	
STREET ADDRESS	101 ABC ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	EDWARDS, JAMES C.	2.2 NAME	DELETE THIS
STREET ADDRESS	BOX 64, #45 CAMP LESTER ROAD	2.3 STREET ADDRESS	OFFICER
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	VD ☐ Change ☒ Addition
NAME		3.2 NAME	TOM ED OAKLEY II
STREET ADDRESS		3.3 STREET ADDRESS	101 ABC Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake Wales FL 33853
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)(k), Florida Statutes. I further certify that the information indicated on the 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: T. E. Oakley THOMAS E. OAKLEY 2/20/95 (813) 635-1435
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OFFICER OR DIRECTOR Date Daytime Phone #

0440710 FP