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

FILED
95 JUL 14 AM 11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J93365** (1)

1. Corporation Name

WARBURTONS ORLANDO, INC.

Principal Place of Business	Mailing Address
PO BOX 607691 ORLANDO FL 32860-7691 US	PO BOX 607691 ORLANDO FL 32860-7691 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1987	3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-2859113	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 499 S.R. 434	26
22 Suite, Apt. #, etc. SUITE 2015	27 Suite, Apt. #, etc.
23 City & State ALTAMONTE SPGS, FL	28 City & State
24 Zip 32714 25 County	29 Zip 30 Country

9. Name and Address of Current Registered Agent

WILLE, PATRICIA
~~11 NO CENTTAL AVE~~ 11 NO CENTRAL AVE
APOPKA FL 32703

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	D	11 TITLE		☐ Change ☐ Addition
NAME	WARBURTON, WILLIAM BRETT	12 NAME		
STREET ADDRESS	71 CHAPELTOWN RD.	13 STREET ADDRESS		
CITY ST ZIP	BOLTON ENGLAND	14 CITY - ST - ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	CANNON, JAMES M.	22 NAME		
STREET ADDRESS	3819 FALLING LEAF LANE	23 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL	24 CITY - ST - ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	WILLE, PATRICIA J.	32 NAME		
STREET ADDRESS	11 N. CENTRAL AVENUE	33 STREET ADDRESS		
CITY - ST - ZIP	APOPKA FL	34 CITY - ST - ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MCMULLAN, ROGER	42 NAME		
STREET ADDRESS	BACK OF THE BANK BLACKBU	43 STREET ADDRESS		
CITY ST ZIP	BOLTON, ENGLAND	44 CITY - ST - ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY - ST ZIP		54 CITY - ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 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 added/deleted with an address.

SIGNATURE: PATRICIA WILLE 7/7/95 407/886-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0135848 FP