FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible].00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT [illegible] STATE
Sandra B Mort[illegible]
Secretary of Sta[illegible]
DIVISION OF CORPOR[illegible]IONS

APPROVED AND FILED

95 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K04797** **(2)**

1. Corporate Name

EXIMCO INTERNATIONAL SALES, INCORPORATED

Principal Place of Business

% BLANCA ESTELA PUTMAN
8260 S.W. 102ND ST.
MIAMI FL 33156

Mailing Address

% BLANCA ESTELA PUTMAN
8260 S.W. 102ND ST.
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated Or Qualified: **11/30/1987**

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

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Rt. — 22

Suite, Apt. # or Rt. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **65-0037162** ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PUTMAN, BLANCA ESTELA
8260 S.W. 102ND ST.
MIAMI FL 33156

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. Each 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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '[illegible]
[illegible]	PD	☐ Change ☐ Addition
NAME	PUTMAN, BLANCA ESTELA	
STREET ADDRESS	240 JACALA DR.	
CITY ST ZIP	MERRITT ISLAND FL	
[illegible]		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
[illegible]		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
[illegible]		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
[illegible]		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
[illegible]		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I, the undersigned, 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 1 or Block 12 if changed, or added, or an attachment with my name.

SIGNATURE: Blanca Putman **4/28/95**

SIGNATURE AND TYPED OR PRINTED NAME OF [illegible]ING OFFICER OR DIRECTOR — Date

0160773 CP

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
MAY
1995

95 MAY -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K05199** **(0)**

1. Current Name
K C CONSTRUCTION OF NAPLES, INC.

Principal Place of Business	Mailing Address
5637 TURTLE BAY DR P.O. BOX 9954 NAPLES FL 33941	5637 TURTLE BAY DR P.O. BOX 9954 NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified	3a. Date of Last Report
12/07/1987	03/31/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0033448 — Applied For / Not Applicable
State, Apt. # or Suite 22	State, Apt. # or Suite 27	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City, State 23	City, State 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
ZIP 24 County 25	ZIP 29 County 30	8. The corporation has activity to be taxable under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHEVILLET, WALTER 5637 TURTLE BAY DR, #19 NAPLES FL 33963	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 section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes. I am familiar with and authorize the corporation to comply with section 607.0501, Florida Statutes.

SIGNATURE Date Signature of New Registered Agent, if Changing Date

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D KISSELL, STEVEN 5047 3RD AVENUE, N.W. NAPLES FL	☐ Change ☐ Addition
D CHEVILLET, WALTER 5637 TURTLE BAY DR NAPLES FL	☐ Change ☐ Addition
D CHEVILLET, GERALDINE 5637 TURTLE BAY DRIVE NAPLES FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare (certify) that the information supplied with this report is correct. I understand that I am subject to the penalties pursuant to section 817.155, Florida Statutes. I further certify that the corporation named in this report has complied with the applicable provisions of Florida Statutes, including sections 607.193, 607.1937 and 607.1939, relating to payment of all fees due and penalties imposed by law for failure to pay such fees. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes. I understand the requirement to file the annual report specified in this form. I hereby certify that the information indicated on this report or supplemental 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 with an asterisk (*) or attached with an explanation.

SIGNATURE: Walter L. Chevillet 4/29/95 FIS 591-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
WALTER L. CHEVILLET

0482141 FP

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

FLORIDA

DOCUMENT # **K05257** **(6)**

1. Corporate Name

ROYAL COATINGS, INC.

Principal Place of Business

650 FAIRVILLA RD
ORLANDO FL 32808

Mailing Address

650 FAIRVILLA RD
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1987**

3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. # or Other (22)

Suite, Apt. # or Other (27)

City & State (23)

City & State (28)

Zip (24) County (25)

Zip (29) County (30)

4. FEI Number: **59-2861692** ☐ 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

CRAIG, LINDA C.
100 FOREST PARK CT.
LONGWOOD FL 32779

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 607.0505 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 (if changing registered agent, registered agent must sign here) (if changing registered agent, new registered agent must sign here) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	P	31 Title	☐ Change ☐ Addition
32 Name	CRAIG, LINDA C.	32 Name	
33 Street Address	650 FAIRVILLA RD	33 Street Address	
34 City, St, Zip	ORLANDO FL	34 City, St, Zip	
35 Title		35 Title	☐ Change ☐ Addition
36 Name		36 Name	
37 Street Address		37 Street Address	
38 City, St, Zip		38 City, St, Zip	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City, St, Zip		42 City, St, Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City, St, Zip		46 City, St, Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City, St, Zip		50 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	

14. I/We hereby certify that the information supplied with this filing is accurate and that such information complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the aforementioned officers or directors listed in this report or supplemental report are duly elected or appointed officers or directors of the corporation as required by Chapter 607, Florida Statutes, and that the mailing address, as listed for each officer or director, is the mailing address of the officer or director and not that of the corporation, or an attachment with an address.

SIGNATURE: Linda C Craig 4/30/95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0068104 CP

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

DOCUMENT # **K05643** **(7)**

1. Corporate Name
HOLLAND BUILDERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4860 N.E. 12TH AVENUE FORT LAUDERDALE FL 33334	4860 N.E. 12TH AVENUE FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/02/1987	02/15/1994

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

4. FEI Number: 65-0017575 ☐ 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 already filed an appropriate tax under s. 1991.07 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLLAND, GERALD M. HOLLAND BUILDERS, INC. 4860 N.E. 12TH AVENUE FORT LAUDERDALE FL 33334	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 Section 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-Z)
TITLE: PD NAME: HOLLAND, GERALD M. ADDRESS: 4860 NE 12 AVENUE CITY-ST-ZIP: FT. LAUDERDALE FL	☐ Change ☐ Addition
TITLE: VSD NAME: HAHNER, RICHARD A. ADDRESS: 4860 NE 12 AVENUE CITY-ST-ZIP: FT. LAUDERDALE FL	☐ Change ☐ Addition
TITLE: T NAME: SCHMATZ, JOHN ADDRESS: 4860 NE 12 AVENUE CITY-ST-ZIP: FT. LAUDERDALE FL	☐ Change ☐ Addition
TITLE: S Boyd NAME: ~~RICHMAN~~, POLLY (ASST) ADDRESS: 4860 NE 12 AVENUE CITY-ST-ZIP: FT. LAUDERDALE FL	☐ Change ☐ Addition BOYD, POLLY
TITLE: NAME: ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is complete and accurate, 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Gerald M. Holland Pres 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
GERALD M HOLLAND

0237471 CP

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

DOCUMENT # **K08150** **(0)**

1. Corporate Name
ROBERT J. FRITZ, P.A.

Principal Place of Business
2010 EDGEWATER DR.
ORLANDO FL 32804

Mailing Address
2010 EDGEWATER DR.
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified
12/21/1987

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

2. Principal Place of Business
21 **1**
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number
59-2865420
☐ 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

FRITZ, ROBERT J.
421 MONTGOMERY RD.
421 MONTGOMERY ROAD
ALTAMONTE SPRING FL 32714

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 Section 607.0502 and 607.1505 Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
31	**PD**	41	☐ Change ☐ Addition
32 NAME	**FRITZ, ROBERT J.**	42 NAME	
33 STREET ADDRESS	**2010 EDGEWATER DR.**	43 STREET ADDRESS	
34 CITY-ST-ZIP	**ORLANDO FL**	44 CITY-ST-ZIP	
35		45	☐ Change ☐ Addition
36 NAME		46 NAME	
37 STREET ADDRESS		47 STREET ADDRESS	
38 CITY-ST-ZIP		48 CITY-ST-ZIP	
39		49	☐ Change ☐ Addition
40 NAME		50 NAME	
		51 STREET ADDRESS	
		52 CITY-ST-ZIP	
		53	☐ Change ☐ Addition
		54 NAME	
		55 STREET ADDRESS	
		56 CITY-ST-ZIP	
		57	☐ Change ☐ Addition
		58 NAME	
		59 STREET ADDRESS	
		60 CITY-ST-ZIP	
		61	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurate and that the proportion of each class of stock issued and outstanding in this state is correctly stated. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as the signature required of each officer or director listed. I am a director or officer 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 11 or Block 12 above, or on an attachment with an address.

SIGNATURE: Robert Fritz Jr. 5/1/95 407-423-003
SIGNATURE AND TITLE OR AUTHORIZED POINTER NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0068364 CR

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

DOCUMENT # **K09413** **(1)**

1. Corporation Name
GONZALEZ INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
% JORGE GONZALEZ 3339 CARDINAL DR. VERO BEACH FL 32963	% JORGE GONZALEZ 3339 CARDINAL DR. VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1987**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: County — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0019321** ☐ 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 is owned or controlled by a foreign entity as defined in Section 617.0901, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, JORGE
3339 CARDINAL DR.
VERO BEACH FL 32963

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 Section(s) 607.0505 and 607.1908, Florida Statutes, the above named corporation submits the 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

12. OFFICER AND DIRECTOR		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition)
TITLE	P	
NAME	GONZALEZ, JORGE	
STREET ADDRESS	3339 CARDINAL DR.	
CITY-ST-ZIP	VERP BEACH FL	
TITLE	VP	
NAME	GONZALEZ, LEONOR	
STREET ADDRESS	2255 WINDWARD WAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	
NAME	AVERY, MARTIN F. JR.	
STREET ADDRESS	818 S.E. 4TH ST., #105	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	
NAME	STOCK, BAMBI L.	
STREET ADDRESS	5408 ECHO PINES CIR E.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We 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 report or supplemental 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 with changes, if any, as attached with an address.

SIGNATURE: PRESIDENT 4/27/95
NAME AND TITLE OF PERSON SIGNING (TYPED OR PRINTED) Date

0071918 CP

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

APPLICATED ... FILED ... 11:06 ... SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **K09828** **(0)**

1. Corporation Name

SHIPMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
225 PLANTATION OAKS CIRCLE 4923 PLANTATION OAKS DR FERNANDINA BEACH FL 32034 US	225 PLANTATION OAKS CIRCLE 4923 PLANTATION OAKS DR FERNANDINA BEACH FL 32034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1987
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2862295 — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAPP, MICHAEL K. 121 WEST FORSYTH STREET SUITE 900 JACKSONVILLE FL 32202	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	SHIPMAN, JEFFREY R.	
STREET ADDRESS	4923 PLANTATION OAKS DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	

14. I do hereby certify that the information supplied with this filing is voluntary, 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 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: Jeffrey R. Shipman — 4-29-95 — 904-277-8352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
Jeffrey R. Shipman

0003759 CP

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

DOCUMENT # **K09966** **(8)**

1. Corporation Name

ARTISTRY IN GLASS BY CARL MARCUS, INC.

Principal Place of Business	Mailing Address
C/O CARL QUITZAU 140 5TH STREET SOUTH NAPLES FL 33940	C/O CARL QUITZAU 140 5TH STREET SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1987**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0018891** ☐ 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

QUITZAU, CARL
140 5TH STREET SOUTH
NAPLES FL 33940

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 607.0202 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1. TITLE	PD	☐ Change ☐ Addition
1. NAME	QUITZAU, CARL	
1. STREET ADDRESS	140 FIFTH ST. SO.	
1. CITY-ST-ZIP	NAPLES FL	
2. TITLE	STD	☐ Change ☐ Addition
2. NAME	QUITZAU, CARL	
2. STREET ADDRESS	140 FIFTH ST. SO.	
2. CITY-ST-ZIP	NAPLES FL	
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that my electronic 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 by this report.

SIGNATURE: Carl Quitzau 4-27-95

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

0328788 CP