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 JUL 17 PM 2:49

DOCUMENT # K06070

1. Corporation Name
WREN DECKING, INC

Principal Place of Business (ADDRESS CHANGED) Mailing Address
3606 QUANDRO DRIVE
ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 12/08/87
3a. Date of Last Report: 3/94
4. FEI Number: 59-2857847 — 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
WREN, THOMAS E.
3606 QUANDRO DRIVE
ORLANDO, FL 32812

10. Name and Address of New Registered Agent (AGENT & CORP)
81 Name (SAME) ADDRESS ONLY CHANGE
82 Street Address (P.O. Box Number is Not Acceptable) 3606 QUANDRO DRIVE
83
84 City ORLANDO FL 85 Zip Code 32812

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 X [signature]
Signature, typed 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	PRESIDENT	1 1 TITLE	☐ Change ☐ Addition
NAME	WREN, THOMAS E.	1 2 NAME	0000001545380
STREET ADDRESS	3606 QUANDRO DRIVE	1 3 STREET ADDRESS	-07/25/95--01064--017
CITY-ST-ZIP	ORLANDO, FL 32812	1 4 CITY-ST-ZIP	****225.00 ****225.00
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		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	KC

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: X [signature] Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS E. WREN, PRESIDENT

Date
407-240-3325
Daytime Phone #

WREN DECKING, INC.
3606 QUANDO DRIVE
ORLANDO, FL 32790
(407)-240-3325

July 3, 1995

Department of State
PO BOX 6327
Tallahassee, FL 32314
ATTN: Annual Reports Section

RE: Document # K06070
Corporate Annual Report

Dear Ladies and/or Gentlemen:

Enclosed please find our filing fee payment in the amount of $225.00. We are just now paying the fee because we believe the notice was sent to our previous address and never forwarded by the US Postal Services. Please change the address of record for Wren Decking to the following:

3606 Quando Drive
Orlando, FL 32812

Please accept our apologies for the late payment. When the address is changed, there should not be a late filing fee paid in the future.

Sincerely,

Thomas E Wren
President
Wren Decking, Inc.

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

AMEND

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

APPROVED AND FILED

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-07/25/95--01058--008
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~K07266~~ K07226 (9)

1. Corporation Name

FIRST TRANSCONTINENTAL FINANCIAL GROUP CORP.

Principal Place of Business / Mailing Address

2631 E. Oakland Pk. Blvd.
Ste. 207
Ft. Lauderdale, FL. 33306

3. Date Incorporated or Qualified: 12/15/1987
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0003315 — 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Mark B. Goldstein
82 Street Address (P.O. Box Number is Not Acceptable): 1000 S. Federal Highway, Suite 202
83
84 City: Fort Lauderdale FL 85 Zip Code: 33316

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] Mark B. Goldstien 6/22/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MORICO, ALFRED T.
STREET ADDRESS	6278 N. FED HWY
CITY-ST-ZIP	FT.LAUDERDALE, FL. 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	CH	☐ Change ☐ Addition

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(1)(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: [signature] CEO Alfred T. Morico 6/27/95 305 565-3361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

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
95 MAY 10 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K08930 (5)

1. Corporation Name
KILBOURNE & SONS, INC.

Principal Place of Business
% BURTON A. MORRISON
4723 W. ATLANTIC AVE. SUITE 12
DELRAY FL 33445

Mailing Address
% BURTON A. MORRISON
4723 W. ATLANTIC AVE. SUITE 12
DELRAY FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0061571 — Applied For / Not Applicable

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

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
MORRISON, BURTON A.
750 N.E. 33RD STREET
BOCA RATON FL 33431

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: Burt Morrison — DATE: 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, BURTON A.	1 NAME	
STREET ADDRESS	750 N.E. 33RD STREET	1 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	DOLEN, STEVEN W.	2 NAME	
STREET ADDRESS	750 N.E. 33RD STREET	2 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	MORRISON, IRENE E.	3 NAME	
STREET ADDRESS	750 N.E. 33RD STREET	3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	DOLEN, MARSHA L.	4 NAME	
STREET ADDRESS	750 N.E. 33RD STREET	4 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4 CITY-ST-ZIP	
TITLE		5 TITLE	D ☐ Change ☒ Addition
NAME	~~Mark Kil~~	5 NAME	Mark Kilbourne
STREET ADDRESS		5 STREET ADDRESS	207 SW 12th St
CITY-ST-ZIP		5 CITY-ST-ZIP	Boynton Bch. Fl 33435
TITLE		6 TITLE	D ☐ Change ☒ Addition
NAME		6 NAME	Judy Kilbourne
STREET ADDRESS		6 STREET ADDRESS	207 SW 12th St
CITY-ST-ZIP		6 CITY-ST-ZIP	Boynton Bch. Fl 33435

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: Burt Morrison — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-4-95 — Daytime Phone #: 4074987010

0267719 CP