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 -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K23803** **(5)**

1. Corporation Name
PROPIA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3939 CHEVAL BLVD LUTZ FL 33549	3939 CHEVAL BLVD LUTZ FL 33549

3. Date Incorporated or Qualified: **05/17/1988**
3a. Date of Last Report: **05/01/1994**

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): County (25):
Zip (29): County (30):

4. FEI Number: **59-2755101** ☐ 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

RICH, JOSEPH, F
3939 CHEVAL BLVD
LUTZ FL 33549

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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, type 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	P	11 TITLE	☐ Change ☐ Addition
NAME	STACKPOOLE, JAMES M.	12 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	ARCHERD, FREDERIC M. JR	22 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SIGALL, MICHAEL	32 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LILJEQUIST, RUNE	42 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	SJORBERG, OLOF	52 NAME	ENGWALL, JENS
STREET ADDRESS	3939 CHEVAL BLVD	53 STREET ADDRESS	3939 CHEVAL BLVD
CITY-ST-ZIP	LUTZ FL	54 CITY-ST-ZIP	LUTZ, FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 above, or on an attachment with an address.

SIGNATURE: _____ 3/30/95 813 948-4000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
FREDERIC M. ARCHERD, JR. V/S/T

0200227 CP