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 APR -7 AM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39376** **(4)**

1. Corporation Name

EXTRUFIX, INC.

Principal Place of Business	Mailing Address
% FRANK B. MCNERNEY 4542 L.B. MCLEOD RD., SUITE E ORLANDO FL 32811	% FRANK B. MCNERNEY 4542 L.B. MCLEOD RD., SUITE E ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1988
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 4125 L.B. MCLEOD RD.	26 4125 L.B. MCLEOD RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO FL	28 City & State: ORLANDO, FL
24 Zip: 32811 25 Country: USA	29 Zip: 32811 30 Country: USA

4. FEI Number: 56-1223768 ☐ 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

MCNERNEY, FRANK B.
4542 L.B. MCLEOD ROAD
SUITE E
ORLANDO FL 32811

10. Name and Address of New Registered Agent (ADDRESS CHANGE ONLY)

81 Name: MCNERNEY, FRANK B.
82 Street Address (P.O. Box Number is Not Acceptable): 4125 L.B. MCLEOD RD
83
84 City: ORLANDO FL 85 Zip Code: 32811

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: N/A (Signature, Name & Capacity of Registered Agent and/or Authorized Officer) DATE: N/A (Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MCNERNEY, FRANK B.	12 NAME	
STREET ADDRESS	4542 L.B. MCLEOD RD, #E	13 STREET ADDRESS	4125 L.B. MCLEOD RD. (Address change only)
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	ORLANDO, FL 32811
TITLE	D	21 TITLE	D/P ☒ Change ☐ Addition
NAME	MCNERNEY, OONAGH	22 NAME	
STREET ADDRESS	4542 L.B. MCLEOD RD, #E	23 STREET ADDRESS	4125 L.B. MCLEOD RD.
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO, FL 32811
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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	

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: X [signature] April 4 1995 407-648-0755
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0069710 CP