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 MAR 23 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41621 (9)

1. Corporation Name
STUDOR, INCORPORATED

Principal Place of Business	Mailing Address
2030 MAIN STREET DUNEDIN FL 34698 US	2030 MAIN STREET DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1988
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2929906 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 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 Country — 25 Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GUERRERA, JOYCE P
2030 MAIN ST.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: JACOBSON, RICHARD A.
82 Street Address (P.O. Box Number is Not Acceptable): 501 E. KENNEDY BLVD.
83: SUITE 1700
84 City: TAMPA **FL** 85 Zip Code: 33602

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: D Ericson — 01/19/95
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	C	1.1 TITLE	P/D ☑ Change ☐ Addition
NAME	ERICSON, STURE	1.2 NAME	ERICSON, STURE
STREET ADDRESS	PRINS BOUDEWIJNLAAN 48, B-2970	1.3 STREET ADDRESS	PRINS BOUDEWIJNLAAN 48, B-2970
CITY-ST-ZIP	SCHILDE BE	1.4 CITY-ST-ZIP	SCHILDE, BE
TITLE	DP	2.1 TITLE	S ☑ Change ☐ Addition
NAME	ERICSON, DORIS	2.2 NAME	ERICSON, DORIS
STREET ADDRESS	PRINS BOUDEWIJNLAAN 48, B-2970	2.3 STREET ADDRESS	PRINS BOUDEWIJNLAAN 48, B-2970
CITY-ST-ZIP	SCHILDE BE	2.4 CITY-ST-ZIP	SCHILDE, BE
TITLE	ST	3.1 TITLE	T ☑ Change ☐ Addition
NAME	GUERRERA, JOYCE P	3.2 NAME	ROBERGE, THOMAS C.
STREET ADDRESS	11220 93RD ST., N	3.3 STREET ADDRESS	1 BEACH DR. S.E., STE 200
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33701
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	

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: D Ericson — 01/19/95 (813) 734-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380216 CP