SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K56559** **(3)**

1. Corporation Name
GRANITE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
% LARRY B. LOFTIS 200 E ROBINSON STREET/1250 EOLA PARK CTR ORLANDO FL 32801	% LARRY B. LOFTIS 200 E ROBINSON STREET/1250 EOLA PARK CTR ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1989
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 9760 Wild Oak Dr.	26 9760 Wild Oak Dr.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Windermere, FL	City & State 28 Windermere, FL
Zip 24 34786 Country 25 USA	Zip 29 34786 Country 30 USA

4. FEI Number: 59-2925307 ☐ 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

LOFTIS, LARRY B.
200 EAST ROBINSON STREET
1250 EOLA PARK CENTRE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Dean Fresonke
82 Street Address (P.O. Box Number is Not Acceptable): 9760 Wild Oak Drive
83
84 City: Windermere FL 85 Zip Code: 34786

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: Dean Fresonke, President DATE: 7/10/95
Signature, typed 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	PD	1.1 TITLE		☐ Change ☒ Addition
NAME	FRESONKE, DEAN	1.2 NAME		
STREET ADDRESS	9760 WILDOAK DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	ZIP = 34786	
TITLE	ST	2.1 TITLE		☒ Change ☐ Addition
NAME	FRESONKE, NANCY	2.2 NAME		
STREET ADDRESS	9760 WILD OAK DR	2.3 STREET ADDRESS	no longer an officer	
CITY-ST-ZIP	WINDERMERE FL	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		

CR2E034 (3/95)

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: Dean Fresonke President 7/10/95 407-352-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010000 CP