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 27 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78597 (7)

1. Corporation Name
HCJ-2 ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2317 E. FLETCHER AVE. P.O. BOX 16279 TAMPA FL 33687	2317 E. FLETCHER AVE. P.O. BOX 16279 TAMPA FL 33687

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/07/1989
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3011395 — Applied For / Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
City & State (23) / (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: X Yes ☐ No

9. Name and Address of Current Registered Agent

JASPERSON, MARK D.
324 N DALE MABRY
SUITE 100
TAMPA FL 33609

10. Name and Address of New Registered Agent

61 Name: SALVATORE A. CARPINO
62 Street Address (P.O. Box Number is Not Acceptable): 3001 N. DALE MABRY STE 301-A
63
64 City: TAMPA FL 65 Zip Code: 33614

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. Each 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] 4/19/95
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	DPS	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	JASPERSON, HAROLD C., JR	1.2 NAME	JASPERSON, HAROLD C. JR.	
STREET ADDRESS	1901 BRINSON ROAD #T-9	1.3 STREET ADDRESS	26065 LOBLOLLY LN	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	LAND O' LAKES, FL 34639	
TITLE	T	2.1 TITLE	T	☒ Change ☐ Addition
NAME	JASPERSON, HAROLD C., JR	2.2 NAME	JASPERSON, HAROLD C. JR.	
STREET ADDRESS	1901 BRINSON ROAD #T-9	2.3 STREET ADDRESS	26065 LOBLOLLY LN.	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	LAND O' LAKES, FL 34639	
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		

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: [signature] (PRES) H.C. JASPERSON, JR. (PRES) 4/24/95 813-973-3938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0304025 CP