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: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K96741** **(9)**

1. Corporation Name
SINERSON ENTERPRISES, INC.

Principal Place of Business
4711 SE 18TH AVE
OCALA FL 32674

Mailing Address
4711 SE 18TH AVE
OCALA FL 32674

3. Date Incorporated or Qualified: **06/20/1989**
3a. Date of Last Report: **12/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-2655129** — 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

SINERSON, TIMOTHY C.
13872 SE 37TH TERRACE
SUMMERFIELD FL 32691

10. Name and Address of New Registered Agent

81 Name: Timothy C. Sinerson
82 Street Address (P.O. Box Number is Not Acceptable): 4711 SE 18 Ave
83: Ocala
84 City: FL 85 Zip Code: 34480

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: Signature of a member of the board of directors or other officer of the corporation — DATE: Signature of Registered Agent (signature required after filing) — DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
PD	SINERSON, KAREN P.	13872 S.E. 37TH TERR.	SUMMERFIELD FL
STD	SINERSON, TIMOTHY C.	13872 S.E. 37TH TERR.	SUMMERFIELD FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, State, Zip	Change	Addition
		4711 SE 18 Ave	Ocala Florida 34480	☒	☐
		4711 SE 18 Ave	Ocala Florida 34480	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information with which this annual report or supplemental annual report is filed is complete 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 is added herein with an address.

SIGNATURE: Karen P. Sinerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karen P. Sinerson

Date: June 29-95 — Telephone: (904) 620-2896

CR2E034 (3/95)

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