SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 PM 9:13

DOCUMENT # **L10393** **(1)**

1. Corporation Name

AXIS RESOURCES, INC.

Principal Place of Business	Mailing Address
1771 SE PORT ST LUCIE BLVD PT ST LUCIE FL 34952 US	1771 SE PORT ST LUCIE BLVD PT ST LUCIE FL 34952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3306 N.E. SUGAR HILL AVE
22 Suite, Apt. #, etc.
23 City & State: JENSEN BEACH, FL
24 Zip: 34957
25 Country: USA

2a. Mailing Address
26 3306 N.E. SUGAR HILL AVE.
27 Suite, Apt. #, etc.
28 City & State: JENSON BEACH FL
29 Zip: 34957
30 Country: USA

4. FEI Number: 65-0142577 ☐ 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

MCGUINN, BRUCE C.
1771 SE PORT ST LUCIE BLVD
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

01 Name: MC GUINN, BRUCE C.
02 Street Address (P.O. Box Number is Not Acceptable): 3306 N.E. SUGAR HILL AVE.
03
04 City: JENSON BEACH FL 05 Zip Code: 34957

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: Bruce C. McGuinn, BRUCE C. MCGUINN, PRESIDENT 6-20-95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	MCGUINN, BRUCE C.	12 NAME	
STREET ADDRESS	3050 DALHART RD.	13 STREET ADDRESS	
CITY ST ZIP	PORT ST. LUCIE FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MCGUINN, ELDORENE S.	22 NAME	
STREET ADDRESS	3050 DALHART RD.	23 STREET ADDRESS	
CITY ST ZIP	PORT ST. LUCIE FL	24 CITY ST ZIP	
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	

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: Bruce C. McGuinn, BRUCE C. MCGUINN, PRES. 6-20-95 407 334-1400
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0171024 FP