

**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**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

2a. Mailing Address

**21 3306 N.E. SUGAR HILL AVE****26 3306 N.E. SUGAR HILL AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23 JENSEN BEACH, FL****28 JENSEN BEACH, FL**

Zip

Country

Zip

Country

**24 34957****25 US****29 34957****30 US**

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

10. Name and Address of New Registered Agent

81 Name

**BRUCE C. MCGUINN**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**3306 N.E. SUGAR HILL AVE**

84 City

**JENSEN BEACH**

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>
NAME	<b>MCGUINN, BRUCE C.</b>
STREET ADDRESS	<b>3050 DALHART RD.</b>
CITY-STATE-ZIP	<b>PORT ST. LUCIE FL</b>
TITLE	<b>S</b>
NAME	<b>MCGUINN, ELDORENE S.</b>
STREET ADDRESS	<b>3050 DALHART RD.</b>
CITY-STATE-ZIP	<b>PORT ST. LUCIE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MCGUINN, BRUCE C.</b>	
1.3 STREET ADDRESS	<b>1561 SE COWNIE AVE</b>	
1.4 CITY-STATE-ZIP	<b>PORT ST. LUCIE, FL 34983</b>	
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MCGUINN, ELDORENE S.</b>	
2.3 STREET ADDRESS	<b>1561 SE COWNIE AVE</b>	
2.4 CITY-STATE-ZIP	<b>PORT ST. LUCIE, FL 34983</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), 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** **4-25-96** **407-334-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #