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 18 PM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L70300 (3)

1. Corporation Name
FLOCON ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
P O BOX 16445 SUITE 101 TEMPLE TERRACE FL 33687-3445	P O BOX 16445 SUITE 101 TEMPLE TERRACE FL 33687-3445

3. Date Incorporated or Qualified: 05/03/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P O Box 16445	26 P O Box 16445
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Temple Terrace, FL	City & State 28 Temple Terrace, FL
Zip / Country 24 33687-6445 / 25 US	Zip / Country 29 33687-6445 / 30 US

4. FEI Number: 59-3009949 ☐ 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	10. Name and Address of New Registered Agent
HARKINS, HAROLD 2803 W BUSCH BLVD S103 TAMPA FL 33618	81 Name: Ernest Than 82 Street Address (P.O. Box Number is Not Acceptable): 6708 Sandscape Lane 83 84 City: Temple Terrace FL 85 Zip Code: 33617

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: Ernest T Than — 4/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	1.1 TITLE	VSD	☒ Change ☐ Addition
NAME	MCGLINCHY, JOHN, JR.	1.2 NAME	La Plante, Linda M.	
STREET ADDRESS	507 TERRACE HILL DR	1.3 STREET ADDRESS	9303 Woodland Ridge Dr	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	Tampa, FL 33637	
TITLE	PTD	2.1 TITLE		☐ Change ☐ Addition
NAME	THANASIDES, PAUL	2.2 NAME		
STREET ADDRESS	6708 SANDSCAPE LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE 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		

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: Paul Thanasides — 4/15/95 — 813-914-0648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL THANASIDES

0444700 FP