FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L88262 (5)

1. Corporation Name
C.I., INC.

Principal Place of Business
PO BOX 55
CAPE CORAL FL 33910

Mailing Address
PO BOX 55
CAPE CORAL FL 33910

3. Date Incorporated or Qualified: 07/23/1990
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0208921 — 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
CARY, DAVID W.
1325-C DEL PRADO BLVD
SUITE 2
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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; if the registered agent is a corporation, the signature must be by an officer of the corporation) (Note: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD ☐ DELETE
NAME	PRICE, SAMUEL R.
STREET ADDRESS	1116 SOUTHEAST 14TH ST.
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	PTD ☐ DELETE
NAME	PRICE, KATHLEEN M.
STREET ADDRESS	1116 SOUTHEAST 14TH ST.
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D ☒ Change ☐ Addition
1.2 NAME	PRICE, SAMUEL R
1.3 STREET ADDRESS	1116 S.E. 14TH STREET
1.4 CITY-ST-ZIP	CAPE CORAL FL 33990
2.1 TITLE	D ☒ Change ☐ Addition
2.2 NAME	PRICE, KATHLEEN
2.3 STREET ADDRESS	1116 SE 14th Street
2.4 CITY-ST-ZIP	Cape Coral FL 33990
3.1 TITLE	S ☐ Change ☐ Addition
3.2 NAME	PAMELA VESCO
3.3 STREET ADDRESS	1116 SE 14th STREET
3.4 CITY-ST-ZIP	CAPE CORAL FL 33990
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 any address.

SIGNATURE: Samuel R. Price Director 6/24/96 (941)574-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)