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

1995 MAY -1 PM 1:19

OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92751

1. Corporation Name: Kirby Max Investments, Inc.
P.O. Box 521137
Longwood, Fl - 32752-1137

600001478836
-05/08/95--01048--019
DO NOT WRITE IN THIS SPACE ****200.00 ****200.00

Principal Place of Business: 722 Commerce Circle Longwood, Fl - 32750

Mailing Address: (See above)

3. Date Incorporated or Qualified: 1990
3a. Date of Last Report: 2/25/94

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

2a. Mailing Address
26 P.O. Box 521137
Suite, Apt. #, etc
27 Longwood Fl.
City & State
28 32752 - 1137
Zip / County
29 30 Seminole

4. FEI Number: 59-3031168 ☐ 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 assets for intangible tax under S. 199.023, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
W. Patrick Greenwood
2514 Lemon Tree Lane
Orlando, Fl. - 32809

10. Name and Address of New Registered Agent
81 Name: W. Patrick Greenwood
82 Street Address (P.O. Box Number is Not Acceptable): 2514 Lemon Tree Lane
83
84 City: Orlando FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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: (W.P. Greenwood) 2/27/95
(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	President	11 TITLE	☐ Change ☐ Addition
NAME	W Patrick Greenwood	12 NAME	
STREET ADDRESS	2514 Leman Tree Lane	13 STREET ADDRESS	
CITY ST ZIP	Orlando, Fl. - 32809	14 CITY ST ZIP	
TITLE	Vice President	21 TITLE	☐ Change ☐ Addition
NAME	Michael K. Greenwood	22 NAME	
STREET ADDRESS	954 Vista Palma Way	23 STREET ADDRESS	
CITY ST ZIP	Orlando, Fl. - 32825	24 CITY ST ZIP	
TITLE	Secretary - Treasurer	31 TITLE	☐ Change ☐ Addition
NAME	Nita Gibson	32 NAME	
STREET ADDRESS	420 N. Carpenter Ave.	33 STREET ADDRESS	
CITY ST ZIP	Orange City, Fl. - 32763	34 CITY ST ZIP	
TITLE	Director	41 TITLE	☐ Change ☐ Addition
NAME	Virginia Blanche	42 NAME	
STREET ADDRESS	#180, 820 E. SR 434	43 STREET ADDRESS	
CITY ST ZIP	Longwood, Fl. - 32750	44 CITY ST ZIP	
TITLE	Director	51 TITLE	☐ Change ☐ Addition
NAME	Stacy Lee Rose	52 NAME	
STREET ADDRESS	244 - 13 St., NW, #209	53 STREET ADDRESS	
CITY ST ZIP	Atlanta, Ga. - 30309	54 CITY ST ZIP	
TITLE	Director	61 TITLE	TMD 5-1-95 ☐ Change ☐ Addition
NAME	John Blanche	62 NAME	
STREET ADDRESS	#180, 820 E. SR 434	63 STREET ADDRESS	
CITY ST ZIP	Longwood, Fl. - 32750	64 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)(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: Nita Gibson 2/27/95 407-339-8982
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
President