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 MAR -7 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98471 (0)

1. Corporation Name
TATER SAX, INCORPORATED

Principal Place of Business
123 ST. GEORGE ST.
ST. AUGUSTINE FL 32084

Mailing Address
123 ST. GEORGE ST.
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1990
3a. Date of Last Report: 03/01/1994

4. FEI Number: 59-3027422 — 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

2. Principal Place of Business	2a. Mailing Address
21 4606 STATE ROAD 16	26 4606 STATE ROAD 16
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ST. AUGUSTINE, FL.	28 City & State: ST. AUGUSTINE, FL.
24 Zip: 32092 — 25 County: ST. JOHNS	29 Zip: 32092 — 30 County: ST. JOHNS

9. Name and Address of Current Registered Agent

ORNDORFF, LOYAL E.
123 ST. GEORGE ST.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: ORNDORFF, LOYAL EDWARD
82 Street Address (P.O. Box Number is Not Acceptable): 4606 STATE RD. 16
83
84 City: ST. AUGUSTINE FL — 85 Zip Code: 32092

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: Loyal Edward Orndorff (Registered Agent Signature required when mailed or faxed) DATE: 2/27/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: ORNDORFF, LOYAL E. STREET ADDRESS: 62 COMARES AVE CITY-ST-ZIP: ST. AUGUSTINE FL	11 TITLE: P/S/D/N/T/P — ☐ Change ☑ Addition 12 NAME: ORNDORFF, LOYALE. 13 STREET ADDRESS: 100 FAUN RD. 14 CITY-ST-ZIP: ST. AUGUSTINE, FL 32086
TITLE: D NAME: BROWN, POLLY A. STREET ADDRESS: 3770 LAUREL ST CITY-ST-ZIP: ST. AUGUSTINE FL	21 TITLE — ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE — ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE — ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE — ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE — ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 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. Further, I certify that the information indicated on this 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 with an asterisk (*) or an attached list with an asterisk.

SIGNATURE: Loyal Edward Orndorff — FEB. 27, 1995 — 904/826-1300
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number)
LOYAL EDWARD ORNDORFF

0000038 CP