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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 21 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99687 (0)

1. Corporation Name
LAIRD VENTURES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2500 MAITLAND CENTER PARKWAY SUITE #107 MAITLAND FL 32751	2500 MAITLAND CENTER PARKWAY SUITE #107 MAITLAND FL 32751

3. Date Incorporated or Qualified: 09/10/1990
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26 200 EAST ROBINSON STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 500
City & State 23	City & State 28 ORLANDO, FL.
Zip 24 / Country 25	Zip 29 32801 / Country 30 USA

4. FEI Number: 59-3033078 ☐ 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
LAIRD, GEORGE J. 978 INNSWOOD COURT LONGWOOD FL 32779	81 Name: FLORIDA CORPORATE SUPPORT, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 200 EAST ROBINSON STREET 83 SUITE 500 84 City: ORLANDO FL 85 Zip Code: 32801

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: FLORIDA CORPORATE SUPPORT, INC. By: [signature] (NOTE: Registered Agent signature required when reinstating) DATE: March 13, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LAIRD, GEORGE J.	1.2 NAME	
STREET ADDRESS	978 INNSWOOD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	LAIRD, AUDREY C.	2.2 NAME	
STREET ADDRESS	978 INNSWOOD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD 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)(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: [signature] George J. Laird 3/9/95 407 875 0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042025 CP