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 JUL -5 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82518 (5)

1. Corporation Name
CP VENTURES, INC.

Principal Place of Business
3502 HENDERSO BLVD.
P.O. BOX 10709
TAMPA FL 33679-7709

Mailing Address
3502 HENDERSO BLVD.
P.O. BOX 10709
TAMPA FL 33679-7709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business
21 6735 S. Lois Ave
22 Suite, Apt. #, etc.
23 City & State: TAMPA Florida
24 Zip: 33616 25 Country: USA

2a. Mailing Address
26 PO Box 22869
27 Suite, Apt. #, etc.
28 City & State: TAMPA Florida
29 Zip: 33622-2869 30 Country: USA

4. FEI Number: 65-0068276 — 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 elected to be classified as a small business under S. 179.222 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CONE, MICHAEL L.
~~3502 HENDERSO BLVD.~~
TAMPA FL 33609

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable): 6735 S. Lois Ave
B3:
B4 City: TAMPA FL B5 Zip Code: 33616

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, 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 of Registered Agent (if registered agent is a corporation, signature must be officer or director) — Date — Registered Agent (if registered agent is a natural person, signature required) — Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title: DP Name: CONE, MICHAEL Address: 6735 S LOIS AVE City: TAMPA FL	☐ Change ☐ Add
Title: S Name: BANE, LARRY L Address: 6735 S LOIS AVE City: TAMPA FL	☒ Change ☐ Add Title: DORTHA A. THOMPSON Address: 6735 S. LOIS AVE. City: TAMPA, FL 33616
	☐ Change ☐ Add
	☐ Change ☐ Add
	☐ Change ☐ Add
	☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is accurate, complete and does not modify or delete the information contained in Section 607.0502(1)(e), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and accurate and that my corporation has the same legal office or mailing address as that given as the principal place of business or mailing address of the corporation or its successor or further authorized to transact business in Florida as prescribed by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: [signature] 6-28-95 813 837 2951

SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR
MIKE L. CONE PRESIDENT

0304608 CP