SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:23

DOCUMENT # **M80472** **(7)**

1. Corporation Name

FLORIDA ANATIDE, INC.

Principal Place of Business	Mailing Address
2500 W. LAKE MARY BLVD. STE 109 LAKE MARY FL 32746 US	2500 W LAKE MARY BLVD SUITE 109 LAKE MARY FL 32746 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1988
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 101	Suite, Apt. #, etc.: 27 101
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

4. FEI Number: 59-2894696 ☐ 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

PATRICK WALTHER
2500 W LAKE MARY BLVD
SUITE 109
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE 101
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	1.1 TITLE		☐ Change ☐ Addition
NAME	WALTHER, PATRICK B.	1.2 NAME		
STREET ADDRESS	2500 W LAKE MARY BLVD #109	1.3 STREET ADDRESS	2500 W LAKE MARY BLVD, #101	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	DVP	2.1 TITLE		☒ Change ☐ Addition
NAME	WALTHER, DOROTHY	2.2 NAME		
STREET ADDRESS	1256 BRAMPTON PLACE	2.3 STREET ADDRESS	2500 W LAKE MARY BLVD, #101	
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	WALTHER, AILEEN P.	3.2 NAME		
STREET ADDRESS	2500 W. LAKE MARY BLVD. #109	3.3 STREET ADDRESS	2500 W LAKE MARY BLVD, #101	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
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		

CR2E034 (3/95)

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: Aileen P. Walther AILEEN P. WALTHER 8/2/95 (407) 330-5980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000934 CP