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 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M91760 (2)

1. Corporation Name

ROBERT C. HARRISON AND ASSOCIATES, INC.

Principal Place of Business

4190 BELFORT RD STE 200
JACKSONVILLE FL 32216

Mailing Address

4190 BELFORT RD STE 200
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1988

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2900222 — 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County: DUVAL

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

HARRISON, ROBERT C.
4190 BELFORT RD, STE 200
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 [illegible], Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRISON, ROBERT C.
STREET ADDRESS	4190 BELFORT ROAD #200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing [illegible] 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: ROBERT C. HARRISON [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 Date — (904) 296-9328 Daytime Phone

0010466 CP

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CORPORATION ANNUAL REPORT

1995

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

M1 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92920** **(1)**

1. Corporate Name

WHARFMASTER IMPORTS, INC.

Principal Place of Business

1106 CLEARLAKE RD #107
COCOA FL 32922
US

Mailing Address

1106 CLEARLAKE RD #107
COCOA FL 32922
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/05/1988	**02/18/1994**

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

4. FEI Number **59-2906306** — 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 of $1,000,000 or less as defined in Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SISK, PAMELA S.
1907 N. INDIAN RIVER DRIVE
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

(Required when changing registered agent. If changing registered agent without changing registered office, signature of registered agent not required.) (If changing registered agent or registered office without changing registered agent, signature of registered agent required.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	**P**	41 TITLE	☐ Change ☐ Addition
32 NAME	**EATON, CHARLES W.**	42 NAME	
33 STREET ADDRESS	**815 LEVITT PARKWAY**	43 STREET ADDRESS	
34 CITY-ST-ZIP	**ROCKLEDGE FL**	44 CITY-ST-ZIP	
35 TITLE		45 TITLE	☐ Change ☐ Addition
36 NAME		46 NAME	
37 STREET ADDRESS		47 STREET ADDRESS	
38 CITY-ST-ZIP		48 CITY-ST-ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
STREET ADDRESS		51 STREET ADDRESS	
CITY-ST-ZIP		52 CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and true. I am aware that any false information submitted in connection with this filing, including without limitation any false information with respect to the above boxes, constitutes a violation of Section 817.155, Florida Statutes. I further certify that the business entity identified in this annual report or supplemental annual report is in compliance with all applicable provisions of Florida Statutes, including, but not limited to, Section 607.1622, Florida Statutes. I further certify 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 above, or on an attachment with an address.

SIGNATURE: Charles W. Eaton 5-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CHARLES W. EATON

0098028 CP