FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-25-95

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

4445

APPROVED AND FILED

95 APR 25 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M92537 (3)

1. Corporation Name
STUDNER, INC.

Principal Place of Business	Mailing Address
% SCOTT STUDNER 2204 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	% SCOTT STUDNER 2204 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 333 Beville Rd
22 Suite, Apt. #, etc
23 City & State: South Daytona, FL
24 Zip: 32119 25 County: USA

2a. Mailing Address
26 1421 S. Dixie Freeway
27 Suite, Apt. #, etc
28 City & State: New Smyrna Beach, FL
29 Zip: 32168 30 County: USA

4. FEI Number: 59-2901521 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STUDNER, SCOTT
2204 SOUTH ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118

10. Name and Address of New Registered Agent

91 Name: Scott Studner
92 Street Address (P.O. Box Number is Not Acceptable): 1421 S. Dixie Freeway
93
94 City: New Smyrna Beach FL 95 Zip Code: 32168

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 of current registered agent, if registered agent is to be changed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President & Director ☒ Change ☐ Addition
NAME	STUDNER, SCOTT	12 NAME	
STREET ADDRESS	2 HIGHLAND OAKS TRAIL	13 STREET ADDRESS	Same
CITY ST ZIP	ORMOND BEACH FL	14 CITY ST ZIP	ZIP 32174
TITLE		21 TITLE	Sec. Treasurer & Dir. ☐ Change ☒ Addition
NAME		22 NAME	Brian I.M. Oppenheimer
STREET ADDRESS		23 STREET ADDRESS	35 Spring Wood Trail
CITY ST ZIP		24 CITY ST ZIP	Ormond Beach, FL 32174 ☐ Change ☐ Addition
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	Vice-Pres & Dir ☐ Change ☒ Addition
NAME		42 NAME	Michael H. Oppenheimer
STREET ADDRESS		43 STREET ADDRESS	877 Quail Run
CITY ST ZIP		44 CITY ST ZIP	Ormond Beach, FL 32174 ☐ Change ☐ Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

4/28

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: _____ 1-25-95 904 423-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000807 OP