FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB -9 AM 11:33

DOCUMENT # N94000003924 (7)

1. Corporation Name
INROADS/CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1211 LOCUST ST. SUITE 800 ST. LOUIS MO 63103	P.O. BOX 8766 ST. LOUIS MO 63102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:
4. FEI Number: 43-1676405 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 390 North Orange Ave
22 Suite, Apt. #, etc.: Suite 825
23 City & State: Orlando, FL
24 Zip: 32801 25 Country: USA

2a. Mailing Address
26: P.O Box 8794
27 Suite, Apt. #, etc.:
28 City & State: St. Louis MO
29 Zip: 63101 30 Country: U.S.A

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCANLON, THOMAS D
255 S. ORANGE AVE.
SUITE 1600
ORLANDO FL 32801

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 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CULBERHOUSE, LORISSE	1.2 NAME	
STREET ADDRESS	390 N. ORANGE AVE., SUITE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802-3200	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCWHERTOR, JOSEPH	2.2 NAME	
STREET ADDRESS	4400 ALAFAYA TRAIL, QUADRANGLE MC 421	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826-2399	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MELVIN, PAMELA	3.2 NAME	
STREET ADDRESS	1211 SEMORAN BLVD., SUITE 355	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NORVELL, LAWRENCE	4.2 NAME	
STREET ADDRESS	200 S. ORANGE AVE., SUITE 1500	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. K. Flamm 2/1/95 (314) 241-7330
SIGNATURE AND TYPED OR PRINTED NAME OF D/V/PD OFFICER OR DIRECTOR — Date — Daytime Phone #

0074032