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 MAR 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05652 (3)

1. Corporation Name
PRINCIPAL SALES, INC.

Principal Place of Business	Mailing Address
101 W BREVARD DR MELBOURNE FL 32935-6619	101 W BREVARD DR MELBOURNE FL 32935-6619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1985
3a. Date of Last Report: 01/19/1994

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

4. FEI Number: 36-3155628 ☐ 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

DICKINSON, CARL W.
1737 SHOREVIEW DR.
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 21 San Marco Court
03
04 City: Palm Coast FL 05 Zip Code: 32137

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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DICKINSON, CARL W.	1.2 NAME	Dickinson, Carl W.	
STREET ADDRESS	1737 SHOREVIEW DR.	1.3 STREET ADDRESS	21 San Marco Court	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	DICKINSON, CARL W.	2.2 NAME	Dickinson, Carl W.	
STREET ADDRESS	1737 SHOREVIEW DR.	2.3 STREET ADDRESS	21 San Marco Court	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	VS	3.1 TITLE	VS	☒ Change ☐ Addition
NAME	DICKINSON, JEANNE L.	3.2 NAME	Dickinson, Jeanne L.	
STREET ADDRESS	1737 SHOREVIEW DR.	3.3 STREET ADDRESS	21 San Marco Court	
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	Palm Coast, FL 32137	
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		

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: Carl W. Dickinson CARL W. DICKINSON 3/08/95 (407) 723-0487
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000720 CP