SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (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

APPROVED AND FILED
95 JUL -5 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P15346 (0)

1. Corporation Name
MRRE, INC.

Principal Place of Business: 1951 BARRETT CT. SUITE A, HENDERSON KY 42420

Mailing Address: 1951 BARRETT CT. SUITE A, HENDERSON KY 42420

3. Date Incorporated or Qualified: 07/24/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0004573 — 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 [illegible] Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

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

9. Name and Address of Current Registered Agent

PHELPS, CAROL
6050 PLAZA DRIVE
FT. MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name: Jack Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 6962 VERDE WAY
83
84 City: NAPLES FL 85 Zip Code: 33963

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: Jack B. Anderson JACK Anderson
Signature of registered agent / Typed or printed name of registered agent / DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☒ Change ☐ Addition
NAME	ANDERSON, JACK B.	
STREET ADDRESS	1115 KENYON PLACE	6962 VERDE Way
CITY-ST-ZIP	EVANSVILLE IN	NAPLES FL 33963
TITLE	VD	☐ Change ☐ Addition
NAME	FERRERI, THOMAS L.	
STREET ADDRESS	PO DRAWER 659,NA	
CITY-ST-ZIP	MADISONVILLE KY	
TITLE	SD	☐ Change ☐ Addition
NAME	PHELPS, CAROL	No longer Affiliated
STREET ADDRESS	6050 PLAZA DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	☒ Change ☐ Addition
NAME	FRANCIS, CARL R.	
STREET ADDRESS	RT. 2, BOX 81 100 RAINBOW LANE	3591 old madisonville Road
CITY-ST-ZIP	HANSON KY	Henderson Ky 42420
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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(1)(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: X C R[illegible] RAY FRANCIS 6/27/95 (502) 827-4634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / Daytime Phone #

CR2E034 (3/95)

0101310 [illegible]