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 -1 AM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25780 (8)

1. Corporation Name
COMPSEE INCORPORATED

Principal Place of Business
PO BOX 726
MT. GILEAD NC 27306

Mailing Address
PO BOX 726
MT. GILEAD NC 27306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/28/1989	04/25/1994

4. FEI Number: 56-1514038 — 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 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / County 25

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

9. Name and Address of Current Registered Agent

GRAHAM, WILLIAM L., JR.
1498 COUNTRY CLUB DR.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: Graham , William L. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 2500 Port Malabar Blvd. NE
83
84 City: Palm Bay FL 85 Zip Code: 32905

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: Graham, William L. Jr. VD — February 28, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☒ Change ☐ Addition
NAME	MCRAE, DANIEL GARY	1 NAME	
STREET ADDRESS	~~P.O. BOX 806 N/A~~	1 STREET ADDRESS	P. O.Box 726 N/A
CITY-ST-ZIP	~~MT. GILEAD NC~~	1 CITY-ST-ZIP	Mt. Gilead NC 27306
TITLE	VD	2 TITLE	☒ Change ☐ Addition
NAME	GRAHAM, WILLIAM L., JR.	2 NAME	2500 Port Malabar Blvd, NE
STREET ADDRESS	~~1498 COUNTRY CLUB DR.~~	2 STREET ADDRESS	Palm Bay, Fl 32905
CITY-ST-ZIP	~~PALM BAY FL~~	2 CITY-ST-ZIP	
TITLE	STD	3 TITLE	☐ Change ☐ Addition
NAME	SMITH, HAROLD W.	3 NAME	
STREET ADDRESS	108 EDINBURG DR.	3 STREET ADDRESS	
CITY-ST-ZIP	KANNAPOLIS NC	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☒ Change ☐ Addition
NAME	MCRAE, BRANSON J.	4 NAME	P. O. Box 726 N/A
STREET ADDRESS	~~HWY. 109 N @ WADEVILLE~~	4 STREET ADDRESS	Mt. Gilead NC 27306
CITY-ST-ZIP	~~MT. GILEAD NC~~	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(k), 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: D Gary McRae — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-6-95 Daytime Phone: 910-439-6141