FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P31414 (6)

1. Corporation Name
M.D. EKSTROM, INC.

Principal Place of Business
2725 6TH AVENUE WEST
BRADENTON FL 34205

Mailing Address
2725 6TH AVENUE WEST
BRADENTON FL 34205

3. Date Incorporated or Qualified: 10/17/1990	3a. Date of Last Report: 03/10/1995
4. FEI Number: 58-1809702	☐ 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	2a. Mailing Address
21 16937 16th Street	26 16937 16th Street
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.
23 City & State: Live Oak FLA	28 City & State: Live Oak FLA
24 Zip: 32060 · 25 Country: Suwannee	29 Zip: 32060 · 30 Country: Suwannee

9. Name and Address of Current Registered Agent

THOMPSON, VIRGINIA A.
2725 6TH AVE., WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name: THOMPSON, VIRGINIA A.
82 Street Address (P.O. Box Number is Not Acceptable): 16937 16th Street
83
84 City: Live Oak FL 85 Zip Code: 32060

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: Virginia A. Thompson
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	THOMPSON, VIRGINIA A.		1.2 NAME	THOMPSON, VIRGINIA A.
STREET ADDRESS	2725 6TH AVE. WEST		1.3 STREET ADDRESS	16937 16th Street
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Live Oak, FLA 32060
TITLE	STD	☒ DELETE	2.1 TITLE	S/T/D ☐ Change ☒ Addition
NAME	O'QUINN, MARY		2.2 NAME	MESNARD, ARLENE
STREET ADDRESS	2725 6TH AVE WEST		2.3 STREET ADDRESS	16947 16th STREET
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	LIVE OAK, FLA 32060
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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)(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: Virginia A Thompson   May 26, 1996   904-842-5994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)