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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:17

DOCUMENT # **P32652** **(0)**

1. Corporation Name
GOLD LANCE, INC.

Principal Place of Business	Mailing Address
1920 NORTH MEMORIAL WAY HOUSTON TX 77007 US	25 UNION STREET CHELSEA MA 02150 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/28/1991**
3a. Date of Last Report: **04/13/1994**

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

4. FEI Number: **04-2920414** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	CD	11 TITLE		☐ Change ☐ Addition
NAME	CAREY, C. WILLIAM	12 NAME		
STREET ADDRESS	25 UNION STREET	13 STREET ADDRESS		
CITY-ST-ZIP	CHELSEA MA	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BALDWIN, CHUCK	22 NAME	BILLY STARNES	
STREET ADDRESS	1920 NORTH MEMORIAL WAY	23 STREET ADDRESS	4902 CANDLECREST DR	
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	HOUSTON TX 77018	
TITLE	VTD	31 TITLE		☐ Change ☐ Addition
NAME	CORRERA, FRANCIS X.	32 NAME		
STREET ADDRESS	160 PARTRIDGE LANE	33 STREET ADDRESS		
CITY ST ZIP	CONCORD MA	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	FLOOR, RICHARD E.	42 NAME		
STREET ADDRESS	45 CLARK ST.	43 STREET ADDRESS		
CITY-ST-ZIP	BELMONT MA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HILL, CHARLES	52 NAME		
STREET ADDRESS	7673 WOOD DUCK RD.	53 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Francis X Correra / FRANCIS X CORRERA 3/11/95 (617) 887-8500 x347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393928 FP