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 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34353 (3)

1. Corporation Name
TOTAL SOURCE ANALYSIS, INC.

Principal Place of Business
41444 HIGHWAY 19 N.
UMATILLA FL 32784

Mailing Address
41444 HIGHWAY 19 N.
UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1991
3a. Date of Last Report: 07/05/1994
4. FEI Number: 43-1278222 — 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
21 810 N Central AvE
Suite, Apt. #, etc. 22
City & State 23 Umatilla FL
Zip 24 32784 Country 25

2a. Mailing Address
26 POBox 1170
Suite, Apt. #, etc. 27
City & State 28 Umatilla FL
Zip 29 32784 Country 30

9. Name and Address of Current Registered Agent
STILES, HAL
41444 HIGHWAY 19 N.
UMATILLA FL 32784

10. Name and Address of New Registered Agent
81 Name: James Tayfel
82 Street Address (P.O. Box Number is Not Acceptable): 810 N Central AvE
83
84 City: Umatilla FL 85 Zip Code: 32784

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: James Tayfel   DATE: 5-12-95

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1 1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	VINEYARD, CARL	1 2 NAME	CARL VINEYARD	
STREET ADDRESS	139 W. HERRICK	1 3 STREET ADDRESS	510 DICKSON ST	
CITY ST ZIP	WELLINGTON OH	1 4 CITY ST ZIP		
TITLE	CP	2 1 TITLE		☒ Change ☐ Addition
NAME	VINEYARD, CARL	2 2 NAME	DELETE	
STREET ADDRESS	510 DICKSON ST	2 3 STREET ADDRESS		
CITY ST ZIP	WELLINGTON OH	2 4 CITY ST ZIP		
TITLE	V	3 1 TITLE		☒ Change ☐ Addition
NAME	STILES, HAL	3 2 NAME	DELETE	
STREET ADDRESS	510 CIDKCON ST	3 3 STREET ADDRESS		
CITY ST ZIP	WELLINGTON OH	3 4 CITY ST ZIP		
TITLE	ST	4 1 TITLE		☒ Change ☐ Addition
NAME	VINEYARD, DALE	4 2 NAME	DELETE	
STREET ADDRESS	510 DICKSON ST.	4 3 STREET ADDRESS		
CITY ST ZIP	WELLINGTON OH	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	SECRETARY	☐ Change ☒ Addition
NAME		6 2 NAME	EDWARD J. YOHEN	
STREET ADDRESS		6 3 STREET ADDRESS	1919 S. HIGHLAND AVE	
CITY ST ZIP		6 4 CITY ST ZIP	LOMBARD ILL. 60148	

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.

95 MAY 1

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061505 CP