FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMD
FILED
95 MAY -1 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P92000000194 (0)

1. Current Name
HOLY SMOKE, INC.

Principal Place of Business	Mailing Address
302 EAST MELBOURNE AVENUE MELBOURNE FL 32901	302 EAST MELBOURNE AVENUE MELBOURNE FL 32901

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 10/23/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3151787	☐ 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. Does corporation owe any back Florida Sales Tax? ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAMINSKI, KARL T 302 EAST MELBOURNE AVENUE MELBOURNE FL 32901	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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PD	TYPE	☐ Change ☐ Addition
NAME	KAMINSKI, KARL T	NAME	
STREET ADDRESS	302 EAST MELBOURNE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TYPE	V	TYPE	☐ Change ☐ Addition
NAME	KAMINSKI, PAMELA J	NAME	
STREET ADDRESS	302 EAST MELBOURNE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TYPE	ST	TYPE	☐ Change ☐ Addition
NAME	HIGLEY, DEBORAH J	NAME	
STREET ADDRESS	302 EAST MELBOURNE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, if applicable, or on an attachment with an address.

SIGNATURE: TED KAMINSKI 4/26/95 407/725-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000487 CP