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 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002703 (6)

1. Corporation Name
TECHNO-LODGE, INC.

Principal Place of Business
422 NORTH PARK AVENUE
APOPKA FL 32712

Mailing Address
422 NORTH PARK AVENUE
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-3153375 ☐ 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 1655 E. SEMORAN BLVD	26 1655 E. SEMORAN BLVD
Suite, Apt #, etc. 22 SUITE 10	Suite, Apt #, etc. 27 Suite 10
City & State 23 APOPKA FL	City & State 28 APOPKA FL
Zip 24 32703 County 25 ORANGE	Zip 29 32703 County 30 ORANGE

9. Name and Address of Current Registered Agent

HERR, WILLIAM F
422 N PARK AVENUE
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: HERR, WILLIAM F.
82 Street Address (P.O. Box Number is Not Acceptable): 1665 E. SEMORAN BLVD
83 Suite 10
84 City: APOPKA FL 85 Zip Code: 32703

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☑ Change ☐ Addition
NAME	HERR, WILLIAM F	1 NAME	
STREET ADDRESS	422 N PARK AVENUE	1 STREET ADDRESS	1655 E. SEMORAN BLVD. Suite 10
CITY-ST-ZIP	APOPKA FL 32712	1 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VD	2 TITLE	☑ Change ☐ Addition
NAME	KERR, KASSI L	2 NAME	
STREET ADDRESS	422 N PARK AVENUE	2 STREET ADDRESS	1655 E. SEMORAN BLVD Suite 10
CITY-ST-ZIP	APOPKA FL 32712	2 CITY-ST-ZIP	APOPKA, FL 32703
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		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)(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: William F. Herr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 Date

407-880-7790 Daytime Phone #

0037862 CP