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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: Darbara a Mustette SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1990 | | | | | |
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| OCUN Corporation | MENT # P9200 | 00007370 (| (9) | | | |
| | O PROVISIONS, INC. | | | | | |
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| ncipal Place | of Business | Maling Address | | I 10884004 110 10116 1(011 4011) 01 | EHN OOM OOM GOM NESER N | |
| SAFETY HAS | BOR LAKE DR. RBOR FL 34695 | 1035-C HARBOR L SAFETY HARBOR | | | | |
| US | | U\$ | | 3. Date incorporated or Qualified 11/24/1992 | 3a. Date of Last R 02/01/19 | |
| Principal Pla | ace of Business | 2a. Mailing Address 26 | | 4. FEI Number 59-3155582 | | Applied For Not Applicable |
| Suite, Apt. # | f, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | Additional Required |
| Oity & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | ┌ \$5.0 | 0 May Be |
| Ζιρ | Gountry | Zip | Country | 8. This corporation has liability for | r intangible tax under s | d to Fees 199.032, |
| | 25 9. Name and Address of Currer | 29 nt Registered Agent | 30 | Florida Statutes Ye. 10. Name and Address of New | S No | ·· - ··· · · · · · · |
| | 5, Table 414 7444 65 61 501161 | it riegistered Agent | 81 Name | TO. Maille allo Address Of New | negistered Agent | |
| MISTRE | TTA, PAUL | | 20 St A | /5 G B | | |
| 1035-C | HARBOR LAKE DR. | | 82 Street Ad | ddress (P.O. Box Number is Not Accepta | adie) | |
| SAFEIT | / HARBOR FL 34695 | | 84 City | | las l 2 | - ^ |
| | | | 1041 City | | 85 2₁ | p Code |
| familiar with | o the provisions of Sections 607.0507 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect | ida. Such change was autho | tutes, the above-named corporation's tig | poration submits this statement for the pupard of directors. I hereby accept the app | urpose of changing its i | registered offic Lagent. Lam |
| or registere familiar witt NATURE | od agent, or both, in the State of Flori h, and accept the obligations of, Sect Styrative to add or protect name of registered agent | ida. Such change was autho tion 607.0505, Florida Statul | tutes, the above-named corporation's tig | oard of directors. Thereby accept the app | urpose of changing its i pointment as registered DATE | l agent. I am |
| or registere familiar witt NATURE | ed agent, or both, in the State of Flori h, and accept the obligations of, Sect Styretize transformation of registered agent OFFICERS AN | ida. Such change was autho tion 607.0505, Florida Statuf tiand their applicable | tutes, the above-named corporated by the corporation's tides (NOTE Registered Agent signature requi | oard of directors. I hereby accept the application of directors are applicated when reinstaling. | urpose of changing its i pointment as registered DATE | l agent. I am |
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2696 (813) 705.5568