FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P92000013942 (7)

1. Corporate Name

OLENDER MACHINE COMPANY, INC.

Principal Place of Business	Mailing Address
3337 SW 7TH ST OCALA FL 34474 US	3337 SW 7TH ST OCALA FL 34474 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1992

3a. Date of Last Report: 05/20/1994

4. FEI Number: 59-3162079 — Applied For / Not Applicable

2. Principal Place of Business — 21, 22 Suite, Apt #, etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt #, etc., 28 City & State, 29 Zip, 30 Country

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 is eligible for intangible tax under s. ... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLENDER, HENRY A 8720 S.W. 34TH PLACE OCALA FL 34474	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ Change ☐ Addition
NAME	OLENDER, HENRY A	
STREET ADDRESS	8720 S.W. 34TH PLACE	
CITY-ST-ZIP	OCALA FL 32674	
TITLE	DS	☐ Change ☐ Addition
NAME	OLENDER, MICHAEL J	
STREET ADDRESS	8720 S.W. 34TH PLACE	
CITY-ST-ZIP	OCALA FL 32674	
TITLE	DV	☐ Change ☐ Addition
NAME	OLENDER, LISA	
STREET ADDRESS	8720 S.W. 34TH PLACE	
CITY-ST-ZIP	OCALA FL 32674	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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: Lisa Olender Lisa Olender 5/1/95 904 867-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0351526 CP