FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 17 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000014419 (5)

1. Corporate Name

QUALEX-WITT, INC.

Principal Place of Business: 5007 NEW KINGS RD, JACKSONVILLE FL 32209

Mailing Address: 7525 NORTH SHORE DR, JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-3153803 — 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 (change): 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___

2a. Mailing Address (change): 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

9. Name and Address of Current Registered Agent

WITT, HARRY G
7525 NORTH SHORE DRIVE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

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	DCPS	1 TITLE	☐ Change ☐ Addition
NAME	WITT, HARRY G	1 NAME	
STREET ADDR	7525 NORTH SHORE DRIVE	1 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1 CITY-ST-ZIP	
TITLE	T	2 TITLE	☐ Change ☐ Addition
NAME	WITT, HARRY G	2 NAME	
STREET ADDR	7525 NORTH SHORE DRIVE	2 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	2 CITY-ST-ZIP	
TITLE	DV	3 TITLE	☐ Change ☐ Addition
NAME	FALKNER, CHARLES E	3 NAME	
STREET ADDR	424 CAMELIA TRAIL	3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	STOUT, ROY G	4 NAME	
STREET ADDR	270 GLEN COURTING NW	4 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDR		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDR		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: [signature] Chairman — Harry G. Witt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 — Date
904-765-4721 — Daytime Phone #

0405510 FP