SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000014641 (4)

1. Corporation Name
MICHAEL G. BENNETT, INC.

Principal Place of Business	Mailing Address
761 CREEKWATER TERRACE APT. 113 LAKE MARY FL 32746	761 CREEKWATER TERRACE APT. 113 LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 09/01/1994

2. Principal Place of Business
21 545 One Center Blvd.
Suite, Apt. #, etc.
22 Apt. 208
City & State
23 Altamonte Spr. FL.
Zip 24 32701 Country 25

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

4. FEI Number: 59-3158010 ☐ 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

9. Name and Address of Current Registered Agent

BENNETT, MICHAEL G
761 CREEKWATER TERRACE
APT. 113
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: MICHAEL G BENNETT
82 Street Address (P.O. Box Number is Not Acceptable): 545 One Center Blvd.
83: Apt. 208
84 City: Altamonte Spr. FL 85 Zip Code: 32701

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: Michael G Bennett Michael G Bennett, Pres. 8-2-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	BENNETT, MICHAEL G	12 NAME	BENNETT, MICHAEL G
STREET ADDRESS	761 CREEKWATER TERRACE, #113	13 STREET ADDRESS	545 One Center Blvd. Apt. 208
CITY-ST-ZIP	LAKE MARY FL 32746	14 CITY-ST-ZIP	Altamonte Spr. FL. 32701
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BENNETT, DON	22 NAME	
STREET ADDRESS	705 ROUTE 31	23 STREET ADDRESS	
CITY-ST-ZIP	JORDAN NY 13080	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BENNETT, JOAN	32 NAME	
STREET ADDRESS	705 ROUTE 31	33 STREET ADDRESS	
CITY-ST-ZIP	JORDAN NY 13080	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Don Bennett DON BENNETT, VP 8/2/95 (305)689-3981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0132211 FP