FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 6-29-95 B-7591 (DOCUMENT/LOF CORPORATION) C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:32

DOCUMENT # P93000013418 (7)

1. Corporation Name

HERCULES INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
3210 REYNOLDS ROAD SUITE 206 LAKELAND FL 33803 US	3210 REYNOLDS ROAD LAKELAND FL 33803 US

3. Date Incorporated: 02/23/1993
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21: 5665 Cypress Gardens Blvd.
22 Suite, Apt. #, etc.: Suite 5009
23 City & State: Winter Haven, FL.
24 Zip: 33884
25 Country: U.S.A.

2a. Mailing Address
26: P.O. Box 1400
27 Suite, Apt. #, etc.:
28 City & State: Winter Haven, FL.
29 Zip: 3388
30 Country: U.S.A.

4. FEI Number: 59-3173180 ☐ 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

LAZAN, DAVID M
1090 KANE CONCOURSE, #202
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name: CYNTHIA HENSON
82 Street Address (P.O. Box Number is Not Acceptable): 5665 CYPRESS GARD BLV.
83: SUITE 50.
84 City: WINTER HAVEN FL 85 Zip Code: 33884

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: Cynthia Henson - CYNTHIA HENSON 6-19-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	DIAZ, MIGUEL	12 NAME	DIAZ, MIGUEL	
STREET ADDRESS	3210 REYNOLDS RD.	13 STREET ADDRESS	5665 Cypress Gardens Blvd.	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Winter Haven, Florida 33884	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	LAZAN, DAVID M	22 NAME	DELETE	
STREET ADDRESS	190 KANE CONCOURSE #202	23 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	TRUTE, MELVYN	32 NAME	DELETE	
STREET ADDRESS	1090 KANE CONCOURSE, #202	33 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	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		

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] 5-22-95 813-324-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0313304 CP