FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015538 (0)

1. Corporation Name
T. WILLEY, INC.

Principal Place of Business	Mailing Address
1900 TAMIAMI TRAIL UNIT 139 PORT CHARLOTTE FL 33948 US	1900 TAMIAMI TRAIL UNIT 139 PORT CHARLOTTE FL 33948 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3170985 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLEY, THOMAS G
3157 ELKRIDGE DR
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name: WILLEY, THOMAS G.
82 Street Address (P.O. Box Number is Not Acceptable): 1900 TAMIAMI TRAIL
83: UNIT 139
84 City: PORT CHARLOTTE FL 85 Zip Code: 33948

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: Thomas G Willey — THOMAS G. WILLEY — 4/25/95
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLEY, THOMAS G	1.2 NAME		
STREET ADDRESS	1900 TAMAMI TRAIL, UNIT ~~130~~ 139	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☒ Addition
NAME	WILLEY, STEPHANIE	2.2 NAME		
STREET ADDRESS	1900 TAMIAMI TRAIL UNIT 139	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☒ Addition
NAME	WILLEY, SCOTT	3.2 NAME		
STREET ADDRESS	1900 TAMIAMI TR, UNIT 139	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	3.4 CITY-ST-ZIP		
TITLE	V-P	4.1 TITLE		☐ Change ☒ Addition
NAME	HERRICH, DONALD	4.2 NAME		
STREET ADDRESS	1900 TAMIAMI TR, UNIT 139	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Thomas G Willey — THOMAS WILLEY — 4/25/95 — 813-255-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038082 CP