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 19 PM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016204 (8)**

1. Corporation Name
MULTICO, INC.

Principal Place of Business	Mailing Address
2008 COUNTRY CLUB DR LYNN HAVEN FL 32444 US	2008 COUNTRY CLUB DR LYNN HAVEN FL 32444 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2110 N MONROE STREET	26 2110 N MONROE STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL
Zip 24 32303 Country 25 USA	Zip 29 32303 Country 30 USA

4. FEI Number: 59-3168293 ☐ 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	10. Name and Address of New Registered Agent
BANKS, GALE D 2008 COUNTRY CLUB DR LYNN HAVEN FL 32444	81 Name: BANKS GALE D 82 Street Address (P.O. Box Number is Not Acceptable): 7005 NAPA COURT 83: 1 84 City: TALLAHASSEE FL 85 Zip Code: 32311

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: Gale D Banks — GALE D. BANKS — 4-13-95
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	BANKS, JOHN	1.2 NAME		
STREET ADDRESS	2008 COUNTRY CLUB DR	1.3 STREET ADDRESS	7005 NAPA COURT	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	BANKS, GALE O.	2.2 NAME		
STREET ADDRESS	2008 COUNTRY CLUB DR	2.3 STREET ADDRESS	7005 NAPA COURT	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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: GALE D BANKS — Gale D Banks — 4-13-95 — (904) 385-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000038 CP