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 MAR 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026213 (7)**

1. Corporation Name
EBC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
262 WESLEY ROAD GREEN COVE SPRINGS FL 32043	262 WESLEY ROAD GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1993
3a. Date of Last Report: 03/29/1994

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

4. FEI Number: 59-3168642 ☐ 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

WYRICK, JAY
5245 OLD KINGS ROAD
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: STEPHEN SILKOWSKI
82 Street Address (P.O. Box Number is Not Acceptable): 8800 ARLINGTON EXPRESSWAY
83
84 City: JACKSONVILLE FL 85 Zip Code: 32211

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: JAY WYRICK — 3/15/95
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	PD	1.1 TITLE	P/C/S/V/T/D	☒ Change ☐ Addition
NAME	MORGAN, BARBARA	1.2 NAME		
STREET ADDRESS	262 WESLEY ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32246	1.4 CITY-ST-ZIP	32043	
TITLE	VTD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WYRICK	2.2 NAME	JESSE SILCOX, JR	
STREET ADDRESS	3713 BALLEJO CT W	2.3 STREET ADDRESS	6602 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	MARIE NORRIS	
STREET ADDRESS		3.3 STREET ADDRESS	7193 HANSON DR, N	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
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: Barbara Morgan — 3-10-95 — 904-350-7236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
BARBARA MORGAN

0006062 CP