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

FILED
95 JAN 23 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041348 (2)

1. Corporation Name
BRINTECH, INC.

Principal Place of Business
124 CANAL STREET
NEW SMYRNA BEACH FL 32168
US

Mailing Address
1215 COMMODORE DR
NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 124 Canal
Suite, Apt. #, etc.
27
City & State
28 New Smyrna Bch., FL 32168
Zip / Country
29 32168 / 30 USA Volusia Cty.

4. FEI Number: 58-2056319 ☐ 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

BREWER, RAMONA L.
1215 COMMODORE DRIVE
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name: Jeffrey W. Lunsford
82 Street Address (P.O. Box Number is Not Acceptable): 123 Sea Street
83
84 City: New Smyrna Beach, FL 85 Zip Code: 32168

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: [signature] (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE: 1/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	ROTH, RANDALL A	12 NAME		
STREET ADDRESS	~~2443 SWORDFISH LANE~~	13 STREET ADDRESS	929 Chinaberry Ct.	
CITY-ST-ZIP	~~EDGEWATER FL~~	14 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	BREWER, HAROLD J	22 NAME		
STREET ADDRESS	1215 COMMODORE DR	23 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	LUNSFORD, JEFFERY W.	32 NAME		
STREET ADDRESS	123 SEA STREET	33 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	ROTH, MARY JO	42 NAME		
STREET ADDRESS	~~2443 SWORDFISH LANE~~	43 STREET ADDRESS	929 Chinaberry Ct.	
CITY-ST-ZIP	~~EDGEWATER FL~~	44 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	BREWER, RAMONA L.	52 NAME		
STREET ADDRESS	1215 COMODORE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL	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 hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sec. 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] (SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR) 1/12/95 (Date) 904-427-6772 (Daytime Phone #)

0010003 CP