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 -3 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045381 (9)

1. Corporation Name
TURTLE SNAPS, INC.

Principal Place of Business	Mailing Address
1899 SOUTHWEST WILDCAT TRAIL STUART FL 34997	1899 SOUTHWEST WILDCAT TRAIL STUART FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 33086	26 P.O. Box 33086
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BEACH GARDENS, FL
Zip / Country 24 33420-3086 / 25 USA	Zip / Country 29 33420-3086 / 30 USA

4. FEI Number: 65-0435959 ☐ 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
PATTERSON, GREGORY S 1899 SOUTHWEST WILDCAT TRAIL STUART FL 34997	81 Name: MARK G. WELSH 82 Street Address (P.O. Box Number is Not Acceptable): 195 CHARTER WAY 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33407

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: Mark G. Welsh, MARK G. WELSH — 2/21/95
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PATTERSON, GREGORY S 1899 SOUTHWEST WILDCAT TRAILO STUART FL 34997	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 7508 BLANEY FRANKS RD. RALEIGH N.C. 27606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WELSH, MARK G 195 CHARTER WAY WEST PALM BEACH FL 33407	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COVERSTONE, THOMAS E 301 OCEAN BLUFFS BLVD., #502 JUPITER FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 above, or on an attachment with an address.

SIGNATURE: M. Patel GREGORY S PATTERSON 2-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0303023 CP