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 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045598 (8)

1. Corporation Name

ORANGE & BLUE, INC.

Principal Place of Business	Mailing Address
% ALAN JOHNSON 4855 SE TAYLOR AVE ARCADIA FL 33821	% ALAN JOHNSON 4855 SE TAYLOR AVE ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 03/25/1994
4. FEI Number: 65-0429664 ☐ 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

2. Principal Place of Business		2a. Mailing Address	
21	DeSoto County	26	Malcolm Johnson
22 Suite, Apt. #, etc	4855 SE Taylor Ave	27 Suite, Apt. #, etc	364 Catfish Creek Rd
23 City & State	Arcadia Fl.	28 City & State	Lake Placid, Fl.
24 Zip	33821	29 Zip	33852
25 Country	DeSoto	30 Country	Highlands

9. Name and Address of Current Registered Agent

JOHNSON, ALAN
4855 SE TAYLOR AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name: Malcolm Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 364 Catfish Creek Rd.
83
84 City: Lake Placid FL 85 Zip Code: 33852

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 Malcolm Johnson [signature] 7 May 95
Registered Agent signature / DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MALCOLM	1.2 NAME	
STREET ADDRESS	364 CATFISH CREEK RD	1.3 STREET ADDRESS	
CITY ST ZIP	LAKE PLACID FL 33852	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROGER S	2.2 NAME	
STREET ADDRESS	6528 79TH PL	2.3 STREET ADDRESS	
CITY ST ZIP	CABIN JOHN MD 20818	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KAREN E	3.2 NAME	
STREET ADDRESS	2547 CADDY ST	3.3 STREET ADDRESS	
CITY ST ZIP	FLOSSMOOR IL 60422	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ALAN	4.2 NAME	
STREET ADDRESS	4855 SE TAYLOR AVE	4.3 STREET ADDRESS	
CITY ST ZIP	ARCADIA FL 33821	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)(k), Florida Statutes. I further certify that the information indicated on the 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 addendum with an address...

[signature] Malcolm Johnson 7 May 95 813 465 1048

SIGNATURE: [signature] Alan K. Johnson 6-1-95 813 773-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0315790 CP