**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT
CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000050853 (9)

1. Corporation Name
THE VAUGHAN COMPANY WINTER HAVEN FLORIDA INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4210 HAMMOND DR<br>WINTER HAVEN FL 33881 | 4210 HAMMOND DR<br>WINTER HAVEN FL 33881 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/21/1993 | 3a. Date of Last Report: 09/08/1994 |
| 4. FEI Number: 59-3238643 | ☐ 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 |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HUNT, D A<br>225 E PARK AVE<br>LAKE WALES FL 33853 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstated) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | VAUGHAN, STEPHEN A | 12 NAME | Vaughan, Stephen D |
| STREET ADDRESS | 221 SANTA ROSA DR | 13 STREET ADDRESS | 2518 Partridge Drive |
| CITY-ST-ZIP | WINTER HAVEN FL | 14 CITY-ST-ZIP | Winter Haven FL 33884 |
| TITLE | VD | 21 TITLE | ☒ Change ☐ Addition |
| NAME | VAUGHAN, GEORGE H | 22 NAME | delete |
| STREET ADDRESS | 221 SANTA ROSA DR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | ☒ Change ☐ Addition |
| NAME | VAUGHAN, SHARON D | 32 NAME | |
| STREET ADDRESS | 221 SANTA ROSA DR | 33 STREET ADDRESS | delete |
| CITY-ST-ZIP | WINTER HAVEN FL | 34 CITY-ST-ZIP | |
| TITLE | T | 41 TITLE | STD ☒ Change ☐ Addition |
| NAME | KARNOFSKY, WILLIAM | 42 NAME | Karnofsky, William |
| STREET ADDRESS | 1439 GRAND CAYMAN CIR | 43 STREET ADDRESS | 1439 Grand Cayman Cir |
| CITY-ST-ZIP | WINTER HAVEN FL | 44 CITY-ST-ZIP | Winter Haven FL 33884 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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: _____ William Karnofsky SEC 941/325-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160017 FP