SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000052301 (7)**

1. Corporation Name
HURRICANE PROTECTION, INC.

Principal Place of Business
4190 SELVITZ RD
FT PIERCE FL 34981
US

Mailing Address
4190 SELVITZ ROAD
FORT PIERCE FL 34981

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 06/07/1995

2. Principal Place of Business
21 3250 CANDICE AVE
Suite, Apt. #, etc.
22 #14
City & State
23 JENSEN BEACH FLA
Zip 24 34957
Country 25 MARTIN

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 SAME
City & State
28 SAME
Zip 29 SAME
Country 30 SAME

4. FEI Number: 65-0428054 — 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
WELLS, ALBERT L JR
4190 SELVITZ ROAD
FORT PIERCE FL 34981

10. Name and Address of New Registered Agent
81 Name: Timothy P. Griffin
82 Street Address (P.O. Box Number is Not Acceptable): 4540 SANDPEBBLE Trc. #304
83
84 City: Stuart FL 85 Zip Code: 34996

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: Timothy P. Griffin — (NOTE: Registered agent signature required for reinstating) — DATE: 6/11/96
Signature (typed or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS ☑ DELETE

TITLE	D
NAME	WELLS, ALBERT L JR
STREET ADDRESS	711 ST. LUCIE BLVD.
CITY-ST-ZIP	STUART FL 34996

☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☑ Change ☐ Addition

1.1 TITLE
1.2 NAME: Timothy P. Griffin
1.3 STREET ADDRESS: 4540 SANDPEBBLE Trce.
1.4 CITY-ST-ZIP: Stuart Fla. 34996

☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP

☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP

☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy P. Griffin — 6/11/96 — 407-460-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)