FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA ANNUAL REPORT

1995

APPROVED AND FILED

95 FEB 28 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054044 (1)

1. Corporate Name

J. D. CRUICKSHANK ASSOCIATES, INC.

Principal Place of Business

4485 GULF OF MEXICO DRIVE
UNIT 304
LONGBOAT KEY FL 34228

Mailing Address

P.O. BOX 8157
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1993

3a. Date of Last Report: 06/28/1994

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

4. FEI Number: 59-3203026 — 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

CRUICKSHANK, JOHN D
4485 GULF OF MEXICO DRIVE
UNIT 304
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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: [illegible] (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUICKSHANK, JOHN D
STREET ADDRESS	4485 GULF OF MEXICO DRIVE, UNIT 304
CITY, ST, ZIP	LONGBOAT KEY FL 34228
TITLE	D
NAME	CRUICKSHANK, LINDA L
STREET ADDRESS	P.O. BOX 8157 N/A
CITY, ST, ZIP	LONGBOAT KEY FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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. 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 affiliation.

SIGNATURE: [signature] 2-19-95 813-383-9354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484880 FP