

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:17

DOCUMENT # P93000057516 (5)

1. Corporation Name
AXOLOTL INC.

Principal Place of Business Mailing Address
1507 E 7TH AVE 1507 E 7TH AVE
TAMPA FL 33605 TAMPA FL 33605
US US

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 08/16/1993 | 03/10/1994 |
| 22 | | 27 | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-3202803 | Not Applicable |
| 23 | | 28 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution | |
| Zip | Country | Zip | Country | <input type="checkbox"/> | |
| 25 | | 30 | | B. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|------------------------------|--------------|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SHOEMAKER, TODD 608 MASTHEAD CT TAMPA FL 33602 | | | | LAVINIA JAMES VAUGHN C/O Carlton, Fields et al One Harbour Place 7th Floor Tampa, FL 33602 | | | |
| | | | | 81. Name | Lavinia James Vaughn | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | One Harbour Island 7th Floor | | |
| | | | | 83. City | Tampa | 85. Zip Code | FL 33602 |

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 *Lavinia James Vaughn* DATE 1-23-95

| | | | |
|----------------------------|-----------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 1.1 TITLE | P V P S T D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TUBBS, MICHAEL | 1.2 NAME | TUBBS, Michael |
| STREET ADDRESS | 608 MASTHEAD CT | 1.3 STREET ADDRESS | TUBBS, Michael |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | 606 S. Dakota, Tampa, FL 33606 |
| TITLE | VST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHOEMAKER, TODD | 2.2 NAME | |
| STREET ADDRESS | 608 MASTHEAD CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Michael C. Tubbs* DATE 1-18-95 (813) 226-2904