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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:03

DOCUMENT # P93000065898 (7)

1. Corporation Name
THOMAS NEAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
205 BARRY COURT LONGWOOD FL 32779 Twisted Palms Division of Thomas Neal Enterprises, Inc. 3208-C E. Colonial Dr., #241 Orlando, Florida 32803	205 BARRY COURT LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1993	3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-3202748	☐ 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	

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country
~~205 BARRY COURT~~	3208-C.E. Colonial Dr. #241	Orlando FLA	32803	

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

9. Name and Address of Current Registered Agent

KUSNETZKY, THOMAS N
1015 E. HARWOOD STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: THOMAS N. KUSNETZKY
82 Street Address (P.O. Box Number is Not Acceptable): 205 BARRY CT
83: LONGWOOD
84 City: FL 85 Zip Code: 32779

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: [signature] 2/18/94
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KUSNETZKY, THOMAS N	1.2 NAME	
STREET ADDRESS	~~1015 E. HARWOOD STREET~~ 205 Barry Ct	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32803~~ Longwood, FLA 32779	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 addition.

SIGNATURE: [signature] - THOMAS KUSNETZKY 2/18/95 (407) 774-9023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044440 CP