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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000072962 (2)

1. Corporation Name
PILLOW KING INDUSTRIES, INC.

Principal Place of Business	Mailing Address
398 N DOBSON ST ORLANDO FL 32805	398 N DOBSON ST ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 671 Newburyport Ave	26 671 Newburyport Ave.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL.
Zip 24 32701 County 25 Seminole	Zip 29 32701 Country 30 Seminole

3. Date Incorporated or Qualified: 10/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3201005 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'BRIEN, BETTY
398 N DOBSON ST
ORLANDO FL 32805

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: [signature] NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'BRIEN, BETTY
STREET ADDRESS	398 N DOBSON ST
CITY ST ZIP	ORLANDO FL 32805
TITLE	D
NAME	O'BRIEN, EDWARD
STREET ADDRESS	398 N DOBSON ST
CITY ST ZIP	ORLANDO FL 32805
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

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	671 Newburyport Ave.
14 CITY ST ZIP	Altamonte Springs, FL 32701
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	671 Newburyport Ave.
24 CITY ST ZIP	Altamonte Springs, FL. 32701
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 address.

SIGNATURE: [signature] 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0050810 CP