FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081845 (8)**

1. Current Name
ERGO, INC.

Principal Place of Business
478 E ALTAMONTE DR
SUITE 108-312
ALTAMONTE SPRINGS FL 32701

Mailing Address
478 E ALTAMONTE DR
SUITE 108-312
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1993**
3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business
21

Suite, Apt. # or
22

City & State
23

Zip
24

County
25

2a. Mailing Address
26

Suite, Apt. # or
27

City & State
28

Zip
29

County
30

4. FEI Number: **59-3214252** ☐ 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

MICHELS, CYNTHIA D
103 PINEVIEW CIR
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: James J. FLICK
82 Street Address (P.O. Box Number is Not Acceptable): 6903 Barby Lane
83
84 City: Orlando FL 85 Zip Code: 32812

11. Pursuant to the provisions of Section 607.0501, 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: James J. Flick 4/28/95

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MICHELS, CYNTHIA D	NAME	
STREET ADDRESS	103 PINEVIEW CIR	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	CITY-ST-ZIP	
TITLE	VPSD	TITLE	☐ Change ☐ Addition
NAME	MICHELS, DAVID	NAME	
STREET ADDRESS	103 PINEVIEW CIR	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	CITY-ST-ZIP	
TITLE	VPT	TITLE	☐ Change ☐ Addition
NAME	FLICK, JAMES	NAME	
STREET ADDRESS	6903 BARBY LN	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FULWILER, STANLEY A.	NAME	
STREET ADDRESS	2035 JAMAICA WAY	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I declare, certify that the information supplied with this report is true, complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in this annual report or supplemental annual report is in good standing under the laws of the state 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 with an asterisk (*) or is attached with an address.

SIGNATURE: Cynthia D Michels CYNTHIA D. MICHELS P.D. 4/27/95 407-774-3094
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035444 CP