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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:15

DOCUMENT # P93000084682 (2)

1. Corporation Name
TRAVALUX, INC.

Principal Place of Business	Mailing Address
8695 COLLEGE PARKWAY STE. 313 FT. MYERS FL 33919 US	8695 COLLEGE PARKWAY STE. 313 FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0455189 — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MEHL, ROBERT L.
8695 COLLEGE PARKWAY
STE. 313
FT. MYERS FL 33919

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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) — NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LANTZ, HAROLD K.	1.2 NAME	RICHARD DYKSTRA	
STREET ADDRESS	5544 COGNAC DRIVE	1.3 STREET ADDRESS	6907 S.W. 115 PL. - UNITA	
CITY ST ZIP	FT. MYERS FL	1.4 CITY ST ZIP	MIAMI, FL 33173	
TITLE	DVTS	2.1 TITLE		☐ Change ☐ Addition
NAME	MEHL, ROBERT L.	2.2 NAME		
STREET ADDRESS	117 PLEASANT GROVE ROAD	2.3 STREET ADDRESS		
CITY ST ZIP	INVERNESS FL	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)(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 hereunder, or on an attachment with an address.

SIGNATURE: Robert L. Mehl, Secretary — JUNE 12, 1995 — 813-481-3930
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT L. MEHL

0323661 CP