FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
[illegible]
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002212 (6)

1. Corporate Name
ULTRAPURE DESIGN & CONSTRUCTION, INC.

Principal Place of Business
524 PAUL MORRIS DR.
UNIT H
ENGLEWOOD FL 34223

Mailing Address
524 PAUL MORRIS DR.
UNIT H
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report: N/A

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

4. FEI Number: 65-0459604 — 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
MACRIS, STEVEN W
609 SOUTH TAMIAMI TRAIL
VENICE FL 34285

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 607.0508, 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: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	President ☐ Change ☒ Addition
NAME	JANKO, GREGORY J	NAME	
STREET ADDRESS	524 PAUL MORRIS DR., UNIT H	STREET ADDRESS	3635 Cocoa Drive
CITY ST ZIP	ENGLEWOOD FL 34223	CITY ST ZIP	Cocoa FL 32931
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	MULLIN, DOMINIC J	NAME	No longer an officer
STREET ADDRESS	524 PAUL MORRIS DR., UNIT H	STREET ADDRESS	Please Delete
CITY ST ZIP	ENGLEWOOD FL 34223	CITY ST ZIP	
TITLE	D	TITLE	Vice President ☐ Change ☒ Addition
NAME	DUPONT, PAUL R JR.	NAME	
STREET ADDRESS	524 PAUL MORRIS DR., UNIT H	STREET ADDRESS	1015 E. Prince Rd.
CITY ST ZIP	ENGLEWOOD FL 34223	CITY ST ZIP	Englewood FL 34224
TITLE		TITLE	Secretary & Treasurer ☐ Change ☒ Addition
NAME		NAME	Susan G. Dupont
STREET ADDRESS		STREET ADDRESS	15 [illegible] Lane
CITY ST ZIP		CITY ST ZIP	Englewood FL 34224
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 hereby certify that the information supplied with this filing is substantially identical and does not qualify for the exemption stated in Section 119.07(3)(ii), 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 above, or on an attached sheet with any address changed or corrected, or on an attached sheet with an address.

SIGNATURE: [illegible] [illegible] 01/3/95 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0340212 CP