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95 MAY -1 AM 9:24

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

DOCUMENT # **P94000006711 (3)**

1. Corporate Name

XPONDR CORPORATION

Principal Address

2400 25TH STREET NORTH
ST. PETERSBURG FL 33713

Mailing Address

2400 25TH STREET NORTH
ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **01/18/1994**

3a. Date of Last Report: **N/A**

2. Principal Place of Business
21

26

Suite, Apt. #, etc.
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City, State
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Zip
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Country
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Zip
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Country
30

4. FEI Number: **59 - 3221158**

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. Does corporation owe any Florida taxes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHARLOT, LINCOLN H JR.
2400 25TH ST. NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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

(If changing registered agent, registered agent must sign here.) (If changing registered agent address, registered agent must sign here.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title		01 Title	V/S/D ☐ Change ☒ Addition
NAME		02 NAME	Michael N. BAYAN
STREET ADDRESS		03 STREET ADDRESS	2400 25th Street N.
CITY-ST-ZIP		04 CITY-ST-ZIP	St Petersburg, FL 33713
03 Title		05 Title	☐ Change ☐ Addition
NAME		06 NAME	
STREET ADDRESS		07 STREET ADDRESS	
CITY-ST-ZIP		08 CITY-ST-ZIP	
05 Title		09 Title	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
07 Title		13 Title	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
09 Title		17 Title	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
11 Title		21 Title	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this filing is absolutely 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: M. Bayan **Michael N. BAYAN** **5/1/95** **813-327-0431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0510197 CP