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 APR 18 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007892 (0)

1. Corporation Name
TOMORROWTECH, INC.

Principal Place of Business
41 RIVER RIDGE DRIVE
ROCKLEDGE FL 32955

Mailing Address
41 RIVER RIDGE DRIVE
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2330 N. WICKHAM RD.	26 2330 N. WICKHAM RD.
Suite, Apt. #, etc. 22 SUITE 8	Suite, Apt. #, etc. 27 SUITE 8
City & State 23 MELBOURNE, FL	City & State 28 MELBOURNE, FL
Zip 24 32935 County 25 BREVARD	Zip 29 32935 County 30 BREVARD

4. FEI Number 59-3224632 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CELIO, ALBERT D
976 BREVARD AVENUE
SUITE A
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: JIM R. STRIPLING
82 Street Address (P.O. Box Number is Not Acceptable): 41 RIVER RIDGE DRIVE
83
84 City: ROCKLEDGE FL 85 Zip Code: 32955

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] Jim R. Stripling 03/01/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRIPLING, JOYCELIN A
STREET ADDRESS	41 RIVER RIDGE DRIVE
CITY ST ZIP	ROCKLEDGE FL 32955
TITLE	D
NAME	STRIPLING, JIM R
STREET ADDRESS	41 RIVER RIDGE DRIVE
CITY ST ZIP	ROCKLEDGE FL 32955
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	600001143745	☐ Change ☐ Addition
2.2 NAME	-04/19/95--01031--001	
2.3 STREET ADDRESS	****200.00 ****200.00	
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE	4/18/95 MS	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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] JIM R. STRIPLING 03/01/95 (407) 242-2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0421323 FP