SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000018300 (1)

1. Corporation Name
A TIME & PLACE, INC.

Principal Place of Business
122 PLANTATION CIR
NAPLES FL 33942

Mailing Address
122 PLANTATION CIR
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:
4. FEI Number: 65-0478333 ☐ 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

2. Principal Place of Business
21 3222 Conway Dr.
Suite, Apt. #, etc.
22
City & State
23 Baton Rouge, LA
Zip
24 70809
Country
25 USA

2a. Mailing Address
26 3222 Conway Dr.
Suite, Apt. #, etc.
27
City & State
28 Baton Rouge LA
Zip
29 ~~LA~~ 70809
Country
30 USA

9. Name and Address of Current Registered Agent
PLACE, TIMOTHY G
122 PLANTATION CIR
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name: Cathryn O. Eldridge
82 Street Address (P.O. Box Number is Not Acceptable): 480 Livingston Road
83
84 City: Naples FL 85 Zip Code: 33999

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: Cathryn O. Eldridge   DATE: August 1, 1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PLACE, TIMOTHY G
STREET ADDRESS	122 PLANTATION CIR
CITY ST ZIP	NAPLES FL 33942
TITLE	D
NAME	PLACE, MARILYN
STREET ADDRESS	122 PLANTATION CIR
CITY ST ZIP	NAPLES FL 33942
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

11 TITLE	D	☒ Change ☐ Addition
12 NAME	Place, Timothy G	
13 STREET ADDRESS	3222 Conway Drive	
14 CITY ST ZIP	Baton Rouge, LA 70809	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	Place, Marilyn	
23 STREET ADDRESS	3222 Conway Drive	
24 CITY ST ZIP	Baton Rouge, LA 70809	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] TIM PLACE, Pres.   7/26/95   504-924-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (3/95)   0182311 FP