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 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021770

1. Corporation Name: INFiNiti Systems, Inc.

Principal Place of Business: 4113 Red Cedar Court, Tallahassee, FL 32311

Mailing Address: 4113 Red Cedar Court, Tallahassee, FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/94
3a. Date of Last Report: N/A
4. FEI Number: 59-3241352 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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	2a. Mailing Address
21 4113 Red Cedar Court	26 4113 Red Cedar Court
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Tallahassee, FL	28 City & State: Tallahassee, FL
24 Zip: 32311 — 25 Country: Leon	29 Zip: 32311 — 30 Country: Leon

9. Name and Address of Current Registered Agent

Toni Joy McCoy
4113 Red Cedar Court
Tallahassee, FL 32311

10. Name and Address of New Registered Agent

81 Name: Toni Joy McCoy
82 Street Address (P.O. Box Number is Not Acceptable): 4113 Red Cedar Court
83
84 City: Tallahassee — FL — 85 Zip Code: 32311

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: Toni Joy McCoy, President — [signature] — 3-1-95

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Vice President II (V)	☐ Change	☒ Addition
1 2 NAME	JAMES RON MEARS		
1 3 STREET ADDRESS	Rt 1 Box 70		
1 4 CITY ST ZIP	Blountstown, FL 32424		
2 1 TITLE	President/Treasurer (P/T)	☒ Change	☐ Addition
2 2 NAME	Toni Joy McCoy		
2 3 STREET ADDRESS	4113 Red Cedar Court		
2 4 CITY ST ZIP	Tallahassee, FL 32311		
3 1 TITLE	Vice President I/Secretary (V/S)	☐ Change	☐ Addition
3 2 NAME	Christopher E. Linton		
3 3 STREET ADDRESS	4113 Red Cedar Court		
3 4 CITY ST ZIP	Tallahassee, FL 32311		
4 1 TITLE		☐ Change	☐ Addition
4 2 NAME			
4 3 STREET ADDRESS			
4 4 CITY ST ZIP			
5 1 TITLE		☐ 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			

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14. I 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: Toni Joy McCoy [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-1-95 — Daytime Phone: 216-6265

LW 4-18-95