FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

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

555 7-CL

APPROVED AND FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022043 (1)

1. Corporation Name

CONQUEST TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
3051 TECHNOLOGY PKWY SUITE 210 ORLANDO FL 32826-3266	3051 TECHNOLOGY PKWY SUITE 210 ORLANDO FL 32826-3266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 95 E. Mitchell Hammock Rd.	26 95 E. Mitchell Hammock Rd
Suite, Apt. #, etc. 22 Ste. 202	Suite, Apt. #, etc. 27 Ste. 202
City & State 23 OVIEDO, FL	City & State 28 OVIEDO, FL
Zip 24 32765 Country 25 USA	Zip 29 32765 Country 30 USA

4. FEI Number: 59-3233104 ☐ 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. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOODENBURY, GREGORY P 1908 AYRSHIER PL OVIEDO FL 32765-6500	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 607.1508, 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	☐ Change ☒ Addition PRESIDENT
NAME		12 NAME	GREGORY P. GOODENBURY
STREET ADDRESS		13 STREET ADDRESS	1908 AYRSHIER PL.
CITY-ST-ZIP		14 CITY-ST-ZIP	OVIEDO, FL 32765-6500
TITLE		21 TITLE	☐ Change ☒ Addition VICE PRESIDENT
NAME		22 NAME	MAGGIE GOODENBURY
STREET ADDRESS		23 STREET ADDRESS	1908 AYRSHIER PL.
CITY-ST-ZIP		24 CITY-ST-ZIP	OVIEDO, FL 32765-6500
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Maggie Goodenbury MAGGIE GOODENBURY 4-20-95 407-359-1919

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

0064878 CP