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

FILED
95 MAR -1 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023779 (9)**

1. Corporate Name
EUGENE COMPANY

Principal Place of Business
729 HANSEN ST
WEST PALM BEACH FL

Mailing Address
729 HANSEN ST
WEST PALM BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1994**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 650489876 — 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

KELLY, ROBERT E JR.
729 HANSEN ST
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

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 Section 607.0505 or 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
Signature of Registered Agent (if applicable) — Signature of Registered Agent (if applicable) — DATE

12. OFFICERS AND DIRECTORS

Title	D
Name	KELLY, ROBERT E JR.
Street Address	729 HANSEN ST
City, State, Zip	WEST PALM BEACH FL
Title	D
Name	MORETZ, KEITH E
Street Address	669 WHIPPOORWILL BLVD
City, State, Zip	WEST PALM BEACH FL
Title	
Name	
Street Address	
City, State, Zip	
Title	
Name	
Street Address	
City, State, Zip	
Title	
Name	
Street Address	
City, State, Zip	
Title	
Name	
Street Address	
City, State, Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
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Street Address
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City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

14. I hereby certify that the information supplied with this report is accurate and complete. I further certify that the information indicated on this 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 on Block 12 or Block 13 of this report or is added herein with an address.

SIGNATURE: Robert E Kelly Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-95
Date

407 585-0614
Daytime Phone #

0246089 CP