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 12 AM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001454803
-04/12/95--01091--007
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000024796

1. Corporation Name

O.E.S., Inc.

Principal Place of Business / Mailing Address

c/o Jerome P. McCauley, C.P.A.
201 South Orange Avenue, Suite 1501
Orlando, Fl 32801-3413

3. Date Incorporated or Qualified: 3/31/94

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1600 E. Robinson St.	26 1600 E. Robinson St.
Suite, Apt #, etc 22 Suite 300	Suite, Apt #, etc 27 Suite 300
City & State 23 Orlando, FL	City & State 28 Orlando, FL 32803
Zip 24 32803 / Country 25 USA	Zip 29 32803 / Country 30 USA

4. FEI Number: 59-7036911 ☐ 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

Jerome P. McCauley, CPA
201 S. Orange Ave. Suite 1501
Orlando, FL 32801-3413

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1600 E. Robinson Street

83 Suite 300

84 City Orlando FL 85 Zip Code 32803

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Smith, Thomas E.	12 NAME	
STREET ADDRESS	1605 Jackson, Apt. 2	13 STREET ADDRESS	
CITY ST ZIP	St. Charles, MO 63301	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 1995 (Date) 314/745-8253 (Daytime Phone #)