SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000025318 (4)**

1. Corporation Name
FLORIDA CUSTOM BATH, INC.

Principal Place of Business	Mailing Address
9840 LUNA CIRCLE #202 NAPLES FL 33942	9840 LUNA CIRCLE #202 NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7101-26 CYPRESS LAKE DR
22: Suite, Apt. #, etc.
23: City & State: FT MYERS FL
24: Zip: 33907
25: County: LEE

2a. Mailing Address
27: SAME
28: City & State
29: Zip
30: County

4. FEI Number: 65-0516680 — 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 had, for intangible tax under s. 199.032, Florida Statutes: Yes / [X] No

9. Name and Address of Current Registered Agent

GLOVER, DONALD
9840 LUNA CIRCLE
#202
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: NANCI HAASE
82 Street Address (P.O. Box Number is Not Acceptable): 7101-26 CYPRESS LAKE DR
83:
84 City: FT MYERS — FL — 85 Zip Code: 33907

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: Nanci Haase NANCI HAASE PRESIDENT — 7-5-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HAASE, NANCI	12 NAME	
STREET ADDRESS	2890 CARROL PL.	13 STREET ADDRESS	14733 MAHOE CT
CITY-ST-ZIP	LAND O'LAKES WI 54540	14 CITY-ST-ZIP	FT MYERS FL 33908
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HAASE, BERNHARDT	22 NAME	
STREET ADDRESS	2890 CARROL PL.	23 STREET ADDRESS	14733 MAHOE CT
CITY-ST-ZIP	LAND O'LAKES WI 54540	24 CITY-ST-ZIP	FT MYERS FL 33908
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAASE, NANCY D	32 NAME	
STREET ADDRESS	2470 OTTER CREEK LANE	33 STREET ADDRESS	17577 MOORFIELD DR
CITY-ST-ZIP	ELGIN IL 60123	34 CITY-ST-ZIP	FT MYERS FL 33908
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HAASE, DAVID C	42 NAME	
STREET ADDRESS	2470 OTTER CREEK LANE	43 STREET ADDRESS	17577 MOORFIELD DR
CITY-ST-ZIP	ELGIN IL 60123	44 CITY-ST-ZIP	FT MYERS FL 33908
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	

CR2E034 (3/95)

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: Nanci Haase NANCI HAASE — 6-20-95 — 941-482-0414
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0162300 FP