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 28 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025485 (1)

1. Corporation Name
TRAZ, INC.

Principal Place of Business	Mailing Address
2591 SCOUTRIDGE COURT ORANGE PARK FL 32073	P.O. BOX 2997 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21 BAYA + E 90
Suite, Apt. #, etc. 22
City & State 23 LAKE CITY, FL
Zip 24 32055 Country 25 COLUMBIA

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

4. FEI Number 59-3250365 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No YES

9. Name and Address of Current Registered Agent

JONES, JIMMY G
~~2591 SCOUTRIDGE COURT~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2569 INGLEWOOD DR
83
84 City LAKE CITY FL 85 Zip Code 32025

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: Jimmy G Jones JIMMY G. JONES 4/17/95
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	PD	1.1 TITLE	Pres.Dept	☐ Change ☒ Addition
NAME	JIMMY G. JONES	1.2 NAME	Jimmy G. Jones	
STREET ADDRESS	2569 INGLE WOOD DR	1.3 STREET ADDRESS	2569 Inglewood Dr.	
CITY-ST-ZIP	LAKE CITY FL 32025	1.4 CITY-ST-ZIP	Lake City, FL 32025	
TITLE	SEC/TREAS/D	2.1 TITLE	Sec/Treas/D	☐ Change ☒ Addition
NAME	ELLEN D. JONES	2.2 NAME	Ellen D. Jones	
STREET ADDRESS	2569 INGLEWOOD DR	2.3 STREET ADDRESS	2569 Inglewood Dr.	
CITY-ST-ZIP	LAKE CITY FL 32025	2.4 CITY-ST-ZIP	Lake City, FL 32025	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Jimmy G Jones JIMMY G. JONES 4/17/95 904-755-6894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0401374 FP