SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000026931 (3)**

1. Corporation Name
FASBAC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2303 ORLEANS DR. TALLAHASSEE FL 32308	2303 ORLEANS DR. TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3234694 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KIRKLAND, AMY B
111 LIVE OAK LANE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: Kirkland, Amy B
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2303 Orleans Drive
84 City: Tallahassee FL 85 Zip Code: 32308

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: Amy B Kirkland, President — 6/12/95
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	1.1 TITLE	D/V ☑ Change ☐
NAME	KIRKLAND, THOMAS C	1.2 NAME	Kirkland, Thomas C
STREET ADDRESS	111 LIVE OAK LANE	1.3 STREET ADDRESS	2303 Orleans Drive
CITY-ST-ZIP	LARGO FL 34640	1.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	D	2.1 TITLE	D/P/T/S ☑ Change ☐
NAME	KIRKLAND, AMY B	2.2 NAME	KIRKLAND, Amy B
STREET ADDRESS	111 LIVE OAK LANE	2.3 STREET ADDRESS	2303 Orleans Drive
CITY-ST-ZIP	LARGO FL 34640	2.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE		3.1 TITLE	☐ Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E045

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: Amy B Kirkland President 6/12/95 904-656-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

012B127 FP