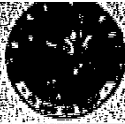


**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 MAY -1 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000027981 (7)**

1. Corporation Name

**THE CONNECTION COMPANY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**MAIL BOXES ETC.  
2200 WINTER SPRINGS BLVD., STE. 106  
WINTER SPRINGS FL 32765**

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3238681** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

24 25 Country 29 30 Country 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**OATES, JOHN S  
6900 GULFPORT BLVD #100  
ST PETERSBURG FL 33707**

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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                     |                                        |                                                                              |
|-----------------|---------------------|----------------------------------------|------------------------------------------------------------------------------|
| TITLE           | 1.1 TITLE           | President                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | 1.2 NAME            | John S. Oates                          |                                                                              |
| STREET ADDRESS  | 1.3 STREET ADDRESS  | 2200 Winter Springs Blvd., Suite #106  |                                                                              |
| CITY - ST - ZIP | 1.4 CITY - ST - ZIP | Oviedo, FL 32765                       |                                                                              |
| TITLE           | 2.1 TITLE           | Sec/Treas                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | 2.2 NAME            | Mary F. Oates                          |                                                                              |
| STREET ADDRESS  | 2.3 STREET ADDRESS  | 2200 Winter Springs, Blvd., Suite #106 |                                                                              |
| CITY - ST - ZIP | 2.4 CITY - ST - ZIP | Oviedo, FL 32765                       |                                                                              |
| TITLE           | 3.1 TITLE           |                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            | 3.2 NAME            |                                        |                                                                              |
| STREET ADDRESS  | 3.3 STREET ADDRESS  |                                        |                                                                              |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP |                                        |                                                                              |
| TITLE           | 4.1 TITLE           |                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            | 4.2 NAME            |                                        |                                                                              |
| STREET ADDRESS  | 4.3 STREET ADDRESS  |                                        |                                                                              |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP |                                        |                                                                              |
| TITLE           | 5.1 TITLE           |                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            | 5.2 NAME            |                                        |                                                                              |
| STREET ADDRESS  | 5.3 STREET ADDRESS  |                                        |                                                                              |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP |                                        |                                                                              |
| TITLE           | 6.1 TITLE           |                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *John S. Oates* John S. Oates 3/13/95 407-366-5352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)