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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034257 (3)**

1. Corporation Name
NEEM, INC.

Principal Place of Business	Mailing Address
936 U.S. HIGHWAY 1 SEBASTIAN FL 32958	936 U.S. HIGHWAY 1 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994	3a. Date of Last Report: N/A

2. Principal Place of Business 21 161 FELLSMERE RD.	2a. Mailing Address 26 P O BOX 780401	4. FEI Number: 65-0502830 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 STE 108	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 SEBASTIAN FL	City & State 28 SEBASTIAN FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / County 24 32958 / 25 USA	Zip / County 29 32978 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAESELER, DAVID J 936 U.S. HIGHWAY 1 SEBASTIAN FL 32958	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	PVST	☒ Change ☐ Addition
NAME	HAESELER, DAVID J	12 NAME	HAESELER, DAVID J.	
STREET ADDRESS	936 U.S. HIGHWAY 1	13 STREET ADDRESS	161 FELLSMERE RD. STE 108	
CITY ST ZIP	SEBASTIAN FL 32958	14 CITY ST ZIP	SEBASTIAN FL 32958	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	HAESELER, DAVID J	22 NAME	HAESELER, DAVID J	
STREET ADDRESS	936 U.S. HIGHWAY 1	23 STREET ADDRESS	161 FELLSMERE RD. STE. 108	
CITY ST ZIP	SEBASTIAN FL 32958	24 CITY ST ZIP	SEBASTIAN, FL 32958	
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)(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: David J. Haeseler DAVID J. HAESELER 4/24/95 (407)589-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074070 CP