SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000041980 (1)**

1. Corporation Name
FIBER LOGIC INCORPORATED

Principal Place of Business	Mailing Address
1502 EDGEWATER BEACH DRIVE LAKELAND FL 33805	1502 EDGEWATER BEACH DRIVE LAKELAND FL 33805

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report: 08/30/1995

2. Principal Place of Business	2a. Mailing Address
21 707 Carpenters Way	26 707 Carpenters Way
Suite, Apt. #, etc. 22 46	Suite, Apt. #, etc. 27 46
City & State 23 Lakeland, FL	City & State 28 Lakeland, FL
Zip 24 33809 Country 25 Polk	Zip 29 33809 Country 30 Polk

4. FEI Number: 59-3291596 ☐ 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

9. Name and Address of Current Registered Agent

ROGERS, PARIS
1502 EDGEWATER BEACH DRIVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Paris Rogers
82 Street Address (P.O. Box Number is Not Acceptable): 707 Carpenters Way #46
83
84 City: Lakeland **FL** 85 Zip Code: 33809

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: Paris Rogers — 06-20-96
Signature, type or print name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROGERS, PARIS 1502 EDGEWATER BEACH DRIVE LAKELAND FL 33803	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DT Rogers, Paris 707 Carpenters Way #46 Lakeland, FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS LEIGH, DOUGLAS 4615 S. 101 E. AVE. TULSA OK 74146	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PS Leigh, Douglas 13390 Woodcrest Ct. Rapid City, SD 57707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paris Rogers — 06-20-96 — 918 663 1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #