FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042318 (3)

1. Corporation Name

BOSTOCK TRADITIONAL TAE KWON DO INC.

Principal Place of Business: 7061 S. TAMIAMI TRAIL SUITE 110, SARASOTA FL 34231

Mailing Address: 7061 S. TAMIAMI TRAIL SUITE 110, SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:
4. FEI Number: 65-0495991 — 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. [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address: (21–30 blank)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOSTOCK, JACK R 7061 S. TAMIAMI TRAIL, SUITE 110 SARASOTA FL 34231	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 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	President / Director	TITLE	[ ] Change [ ] Addition
NAME	Jack R Bostock	NAME	
STREET ADDRESS	7061 S Tamiami Trail #110	STREET ADDRESS	
CITY-ST-ZIP	Sarasota Fl 34231	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: Jack R Bostock 5/19/95 813 925-2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0330602 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

FLORIDA

DOCUMENT # **P94000042898 (4)**

1. Corporate Name
SUN 'N LAKE PROPERTIES, INC.

Principal Place of Business	Mailing Address
4119 SUN 'N LAKE BLVD SEBRING FL 33872	4119 SUN 'N LAKE BLVD SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **06/06/1994** 3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. # or Bldg. — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: **65-0501605** ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEVERINO, ROBERT
4119 SUN 'N LAKE BLVD
SEBRING FL 33872

10. Name and Address of New Registered Agent

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: (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
71 Title 72 Name 73 Street Address 74 City, St, ZIP	D SEVERINO, ROBERT 6520 MATANZSAS DR SEBRING FL 33872	71 Title 72 Name 73 Street Address 74 City, St, ZIP	President Director Robert E. Severino 6520 Matanzas Dr Sebring, FL 33872 X Change ☐ Addition
75 Title 76 Name 77 Street Address 78 City, St, ZIP	D TZOVARRAS, ANTHONY 3843 EDGEWATER DR SEBRING FL 33872	75 Title 76 Name 77 Street Address 78 City, St, ZIP	Vice President, Secretary, Director Rafael Rivero 1701 Sunrise Drive Sebring, FL, 33872 X Change ☐ Addition
79 Title 80 Name 81 Street Address 82 City, St, ZIP	D RIVERO, RAFAEL 1701 SUNRISE DR SEBRING FL 33872	79 Title 80 Name 81 Street Address 82 City, St, ZIP	Vice President, Treasurer, Director Darrylin D. Severino 6520 Matanzas Drive Sebring, FL 33872 ☐ Change X Addition
83 Title 84 Name 85 Street Address 86 City, St, ZIP		83 Title 84 Name 85 Street Address 86 City, St, ZIP	☐ Change ☐ Addition
87 Title 88 Name 89 Street Address 90 City, St, ZIP		87 Title 88 Name 89 Street Address 90 City, St, ZIP	☐ Change ☐ Addition
91 Title 92 Name 93 Street Address 94 City, St, ZIP		91 Title 92 Name 93 Street Address 94 City, St, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report 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 1, 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Severino **5/18/95** **385-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317012 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000043601 (1)

1. Current Name

CNC CYLINDER HEADS, INC.

Principal Place of Business	Mailing Address
6400 53RD ST N PINELLAS PARK FL 34665	6400 53RD ST N PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1994 | 3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. # or Rm. # — 22
City & State — 23
Zip — 24 | County — 25

2a. Mailing Address — 26
Suite, Apt. # or Rm. # — 27
City & State — 28
Zip — 29 | County — 30

4. FEI Number: 59-3250694 ☐ 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	10. Name and Address of New Registered Agent
HUDGINS, ROBERT 6400 53RD ST N PINELLAS PARK FL 34665	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 (Required if this form is delivered without a cover letter. If changing Registered Agent, Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	HUDGINS, ROBERT	NAME	
STREET ADDRESS	6400 53RD ST N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	CITY-ST-ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	HUDGINS, VICKI	NAME	
STREET ADDRESS	6400 53RD ST N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, TONEY	NAME	
STREET ADDRESS	6294 107TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34666	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an affirmative with an address.

SIGNATURE: Vicki L Hudgins Vicki Hudgins 5-15-95 813-527-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344327 CP