FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR -7 AM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042922 (2)**

1. Corporate Name
A PERSONAL TOUCH FEED SUPPLY INC.

Principal Place of Business:
560 PINE ISLAND RD.
UNIT 4
N. FT. MYERS FL 33903

Mailing Address:
560 PINE ISLAND RD.
UNIT 4
N. FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report: NA

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25
2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 65-0495470 — 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
AGOSTA, JOSEPH S
3758 S.E. 2ND PL.
CAPE CORAL FL 33904

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 Section 607.0505, 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

D
Agosta Joseph S.
3758 SE 2nd Place
Cape Coral, FL 33904

D
Agosta, Elizabeth
3758 SE 2nd Place
Cape Coral, FL 33904

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and does not apply to the corporation stated in Section 607.0505, Florida Statutes. Further I certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) in front of the title or address.

SIGNATURE: [signature] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

3/29/95 813 656 1900
DATE — TELEPHONE NUMBER

0310960 CP