FILE NOW: FILING FEE AFTER MAY 1 IS $221.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P94000047201 (6)

1. Corporation Name
WAYNE PAULY, INC.

Principal Place of Business
124 VILABELLA
ISLAMORADA FL 33036

Mailing Address
124 VILABELLA
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report: —

4. FEI Number: 65-0515612 — 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

2. Principal Place of Business
21: 87745 US #1
22 Suite, Apt. #, etc: N-1
23 City & State: ISLAMORADA, FL.
24 Zip: 33036
25 Country: USA

2a. Mailing Address
26: ~~124 VILABELLA~~
27 Suite, Apt. #, etc:
28 City & State: ISLAMORADA, FL
29 Zip: 33036
30 Country: USA

9. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent
81 Name: WAYNE PAULY
82 Street Address (P.O. Box Number is Not Acceptable): 124 VILABELLA DR.
83
84 City: ISLAMORADA, FL
85 Zip Code: 33036

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: Wayne Pauly — WAYNE PAULY, PRESIDENT — 7/11/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1 1 TITLE	☐ Change ☐ Addition
NAME	WAYNE PAULY	1 2 NAME	
STREET ADDRESS	124 VILABELLA,	1 3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA, FL. 33036	1 4 CITY-ST-ZIP	
TITLE	V. PRESIDENT	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS	SAME	2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	TREASURER	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS	SAME	3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	SECRETARY	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS	SAME	4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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)(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: R. Wayne Pauly — R. WAYNE PAULY — 5/19/95 — (305) 664-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0423070 FP