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 MAY -1 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001486556
-05/12/95--01122--003
****200.00 ****200.00

DOCUMENT # **P94000048077 (9)**

1. Corporation Name
FIVE STAR EXPORT, INC.

Principal Place of Business	Mailing Address
2009 E. SANDALWOOD DRIVE NORTH PLANT CITY FL 33566	2009 E. SANDALWOOD DRIVE NORTH PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1909 PRESERVATION DR.	26 1909 PRESERVATION DR.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 PLANT City, FL	City & State 28 PLANT City, FL
Zip / Country 24 33567 / 25 USA	Zip / Country 29 33567 / 30 USA

4. FEI Number: 59-3276474 ☐ 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
KELLY, MARTA 2009 E. SANDALWOOD DRIVE NORTH PLANT CITY FL 33566	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1909 PRESERVATION DR. 83 84 City: PLANT City, FL 65 Zip Code: 33567

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
(If changing Registered Agent, this signature required when instructed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	KELLY, MARTA	12 NAME	
STREET ADDRESS	2009 E. SANDALWOOD DR. NORTH	13 STREET ADDRESS	1909 PRESERVATION DR.
CITY ST ZIP	PLANT CITY FL 33566	14 CITY ST ZIP	PLANT City, FL 33567
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KELLY, RICHARD	22 NAME	
STREET ADDRESS	2009 E. SANDALWOOD DR. NORTH	23 STREET ADDRESS	1909 PRESERVATION DR.
CITY ST ZIP	PLANT CITY FL 33566	24 CITY ST ZIP	PLANT City, FL 33567
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	

VP
5/1/95

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: Marta Kelly 4-26-95 (813) 272-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097040 CP