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 MAR -7 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052194 (5)

1. Corporate Name
FISHER AND PIKE, INC.

Principal Place of Business	Mailing Address
219 ROYAL OAKS CIR LONGWOOD FL 32779	219 ROYAL OAKS CIR LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 131 Harrogate Ct.	26 131 Harrogate Ct.	59-3268622	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 LONGWOOD, FL.	City & State 28 LONGWOOD, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32779 / 25	Zip / Country 29 32779 / 30	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
WAMPLER, PRISCILLA D 219 ROYAL OAKS CIR LONGWOOD FL 32779	81 Name: GARY S. Morse 82 Street Address (P.O. Box Number is Not Acceptable): 131 Harrogate Court 83 84 City: LONGWOOD FL 85 Zip Code: 32779

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: Gary S. Morse — 3-1-95
Signature of one of the officers 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	DPT	11 TITLE	DPST ☒ Change ☐ Addition
NAME	WAMPLER, PRISCILLA D	12 NAME	MORSE, GARY S.
STREET ADDRESS	219 ROYAL OAKS CIR	13 STREET ADDRESS	131 Harrogate Court
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	MORSE, GARY S	22 NAME	
STREET ADDRESS	219 ROYAL OAKS CIR	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP	
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	

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: Gary S. Morse GARY S. Morse 3-1-95 407-880-3533
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Date Daytime Phone #

0044121 CP