FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
95 APR 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000053527 (5)

1. Corporation Name
TEE TOWEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
723 E COLONIAL DR SUITE 210 ORLANDO FL 32803	723 E COLONIAL DR SUITE 210 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:

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

2a. Mailing Address
26 P.O. Box 540572
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip / County
29 32854-0572 / 30 ORANGE

4. FEI Number: 59-3270908 ☐ 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

PRIMICERIO, DORIS L
723 E COLONIAL DR
SUITE 210
ORLANDO FL 32803

10. Name and Address of New Registered Agent

91 Name: JOHN TRIMPE
92 Street Address (P.O. Box Number is Not Acceptable): 4702 LAKE RIDGE ROAD
93
94 City: ORLANDO FL 85 Zip Code: 32808

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: John Trimpe — JOHN TRIMPE — 4/21/95
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 D NAME PRIMICERIO, DORIS L STREET ADDRESS 723 E COLONIAL DR SUITE 210 CITY-ST-ZIP ORLANDO FL 32803	11 TITLE S/D ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE D NAME PRIMICERIO, ANTHONY A STREET ADDRESS 723 E COLONIAL DR SUITE 210 CITY-ST-ZIP ORLANDO FL 32803	21 TITLE ☒ Change ☐ Addition 22 NAME Delete from list 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE D NAME TRIMPE, JOHN STREET ADDRESS 723 E COLONIAL DR SUITE 210 CITY-ST-ZIP ORLANDO FL 32803	31 TITLE V/D ☒ Change ☐ Addition 32 NAME 33 STREET ADDRESS 4702 LAKE RIDGE ROAD 34 CITY-ST-ZIP ORLANDO, FL 32808
TITLE D NAME TRIMPE, JULIE STREET ADDRESS 723 E COLONIAL DR SUITE 210 CITY-ST-ZIP ORLANDO FL 32803	41 TITLE P/T/D ☒ Change ☐ Addition 42 NAME 43 STREET ADDRESS 4702 LAKE RIDGE ROAD 44 CITY-ST-ZIP ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 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: Julie Trimpe — JULIE TRIMPE — 4/21/95 — (407) 894-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054107 CP