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 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061607 (5)

1. Corporation Name
ORANGE BLOSSOM ANTIQUES, INC.

Principal Place of Business	Mailing Address
1610 ALTERNATE 19 N PALM HARBOR FL	1610 ALTERNATE 19 N PALM HARBOR FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
24 Zip: 34683 25 Country: U.S.A.

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
29 Zip: 34683 30 Country: U.S.A.

4. FEI Number: 59-3263975 — 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

KLIMIS, GEORGE N
30 N RING AVE
SUITE 400
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: LILLIAN C. PEAKE
82 Street Address (P.O. Box Number is Not Acceptable): 10127 FOX SQUIRREL DR.
83: NEW PORT RICHEY, FL. 34654
84 City: FL — 85 Zip Code:

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: Lillian C. Peake (LILLIAN C. PEAKE) — DATE: 3/27/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	PEAKE, WILLIAM M	12 NAME		
STREET ADDRESS	10127 FOX SQUIRREL DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	PEAKE, LILLIAN C	22 NAME		
STREET ADDRESS	10127 FOX SQUIRREL DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VICE-PRESIDENT	☑ Change ☐ Addition
NAME	NEFF, BENJAMIN G JR	32 NAME		
STREET ADDRESS	4229 STRATFIELD DR	33 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	HOLIDAY, FL. 34652	
TITLE	D	41 TITLE	TREASURER	☑ Change ☐ Addition
NAME	NEFF, JOANNE	42 NAME		
STREET ADDRESS	4229 STRATFIELD DR	43 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP	HOLIDAY, FL. 34652	
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		

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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)(k), 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 my address.

SIGNATURE: Lillian C. Peake — 3/27/95 — 813-781-4906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306178 CP