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APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000063219

1. Corporation Name: GEOLITE CORPORATION

Principle Place of Business	Mailing Address
2327 DESTINY WAY Odessa, FL 33556	2327 DESTINY WAY Odessa, FL 33556

3. Date Incorporated or Qualified: 8-26-94 | 3a. Date of Last Report:

2. Principal Place of Business
21: 2327 DESTINY WAY
22: Suite, Apt. #, etc.
23: City & State: Odessa Florida
24: Zip: 33556 | 25: Country: USA

2a. Mailing Address
26: — SAME —
27: Suite, Apt. #, etc.
28: City & State
29: Zip | 30: Country

4. FEI Number: 65-0515322 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: DOMINICK F. MAGGIO
82 Street Address (P.O. Box Number is Not Acceptable)
83: 519 LANTERN CIRCLE
84 City: TAMPA FL 85 Zip Code: 33617

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE: Dominick F Maggio 8-14-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN/President JORGE PARRA 7032 GRAND Boulevard New Port Richey, FL34652	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CHAIRMAN/CEO Eugene L. Cornett, II 21437 Clubside Loop Lutz, FL 33549	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DIRECTOR/PRESIDENT DOMINICK F. MAGGIO 519 LANTERN CIRCLE TAMPA, FL 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DIRECTOR/TREASURER Thomas H. Hebert 1340 Eastwood Drive Lutz, FL 33549	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DIRECTOR William R. Grace 773 Lumsden Road Brandon, FL 33511	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: Dominick F Maggio, President 8/14/96 (813)375-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOMINICK F. MAGGIO, President

CRPFR94 (12/95)