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 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063711 (3)

1. Corporation Name
W. MICHAEL VINCENT, ENTERPRISES INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 11162 DAYTONA BEACH FL 32120	PO BOX 11162 DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 563 - Beville Rd.
22: Suite, Apt. #, etc.
23: City & State: S. Daytona, FL
24: Zip: 32119
25: Country: USA

2a. Mailing Address
26: P.O. Box 11162
27: Suite, Apt. #, etc.
28: City & State: Daytona Beach, FL
29: Zip: 32120
30: Country: USA

4. FEI Number: 59-3268128 ☐ 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

WHITAKER, JAMES L
316 TARRAGONA WAY
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name: Charles W. Kessinger
82 Street Address (P.O. Box Number is Not Acceptable): 541 - Beville Rd.
83:
84 City: So. Daytona FL 85 Zip Code: 32119

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: Charles W. Kessinger — 6-5-95
Signature, type 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		11 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME		12 NAME	W. Michael Vincent
STREET ADDRESS		13 STREET ADDRESS	P.O. Box 11162 (4654 Golden Apples Trail)
CITY-ST-ZIP		14 CITY-ST-ZIP	Daytona Beach, FL 32120 (Port Orange, FL 32124)
TITLE		21 TITLE	VICE-PRESIDENT ☐ Change ☐ Addition
NAME		22 NAME	Jeffrey D. Vincent
STREET ADDRESS		23 STREET ADDRESS	449 Willow Tree Drive
CITY-ST-ZIP		24 CITY-ST-ZIP	Melbourne, FL 32940
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	PERMITTED BY MAY 1 ☐ Change ☐ Addition
NAME		62 NAME	$ Deposited by Bank
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: W. Michael Vincent — W. Michael Vincent — 3-15-95 — 904-761-7614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403288 FP