FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY 11 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064938 (1)

1. Corporate Name

SHOWCASE REMODELERS, INC.

Principal Place of Business: 6 GILMORE DR, GULF BREEZE FL 32561

Mailing Address: 6 GILMORE DR, GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/29/1994
3a. Date of Last Report	
4. FEI Number	59-3265043
5. Certificate of Status Desired	X — $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

2. Principal Place of Business	2a. Mailing Address
21: 1101 Gulf Breeze Pkwy	26: P.O. Box 54
22 Suite, Apt #, etc.: St 203	27 Suite, Apt #, etc.:
23 City & State: Gulf Breeze, FL	28 City & State: Gulf Breeze, FL
24 Zip: 32561; 25 Country:	29 Zip: 32562-0054; 30 Country:

9. Name and Address of Current Registered Agent

DILLAHA, JAMES E
6 GILMORE DR
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
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: [signature] JAMES DILLAHA/PRESIDENT 4-18-95

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
President / Director	James Dillaha	6 Gilmore Dr.	Gulf Breeze, FL 32561
Vice President / Director	Justin Pitts	2712 Keyser Lane	Pace, FL 32571
Sec.	Justin Pitts	2712 Keyser Lane	Pace, FL 32571
Tres.	Jim Dillaha	6 Gilmore Drive	Gulf Breeze, FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	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 the 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: [signature] 3/23/95 904-932-9123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — JAMES DILLAHA

0388701 CP

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 JUL 24 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065180

1. Corporation Name

CAPTAIN RAY'S VILLAGES, INC.

Principal Place of Business
3264 Mississauga Road N.
Mississauga, Ontario
L5L 1J4

Mailing Address
3264 Mississauga Road N.
Mississauga, Ontario
L5L 1J4

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994

3a. Date of Last Report: N/A

4. FEI Number: 65-0520450 [ ] 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

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

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

9. Name and Address of Current Registered Agent

RICHARD A. JACOBSON
501 East Kennedy Boulevard
Suite 1700
Tampa, Florida 33602

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 ______ (Registered Agent signature required if registered agent is being changed) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Ray, Paul K.
STREET ADDRESS	3264 Mississauga Road N.
CITY-ST-ZIP	Mississauga, Ontario L5L 1J4
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [ ] Change [ ] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [ ] Change [ ] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [ ] Change [ ] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200001548042
-07/27/95--01080--010
****225.00 ****225.00

TLS 7/24/95

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 [signature] July 10, 1995
Paul K. Ray
(Signature and Typed or Printed Name of Officer or Director) Date Daytime Phone #