

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
FILED**

**CORPORATION
ARTICLES OF INCORPORATION**

1995



FLORIDA DEPARTMENT OF STATE

SALES & SERVICE

PM 12-7 PM 1:43

DOCUMENT # P94000074491 (9)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

TYPHOON INDUSTRIES, INC.

**6001 BONACKER DR
TAMPA FL 33610**

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TAMPA FL 33610**

2. Corporate Name		2a. Mailed Date		3. Date of Last Report	
21		25		10/11/1994	
22. State of Origin		27. State of Origin		4. Filing Number	
23		28		59-5271523	
24. City		29. City		5. Complete of Status Desired	
25		30		6. Election Campaign Financing	
26		31		7. Total Contribution	
27		32		8. This corporation has assets, for purposes of, under S. 199.032.	
28		33		Florida Statutes	
29		34		Yes No	

**\$8.75 Additional
Fee Required**

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, MICHELE
6001 BONACKER DR
TAMPA FL 33610**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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 to the address of agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D HARRIS, J. KIEFFER	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS	3117 FIELDER ST	1.2 NAME	
3. CITY, ST, ZIP	TAMPA FL 33611	1.3 STREET ADDRESS	
4. NAME	D HARRIS, MICHELE	1.4 CITY, ST, ZIP	
5. STREET ADDRESS	3117 FIELDER ST	2.1 TITLE	☐ Change ☐ Addition
6. CITY, ST, ZIP	TAMPA FL 33611	2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY, ST, ZIP	
9. CITY, ST, ZIP		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. NAME		4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY, ST, ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY, ST, ZIP	
17. STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
18. CITY, ST, ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY, ST, ZIP	
21. CITY, ST, ZIP		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information provided in this statement is true and correct, and that I am a duly qualified person to act as registered agent for the corporation named herein. I further certify that this information is not being provided for the purpose of obtaining a new certificate of incorporation, and that my signature shall not be used in any other manner without the express written consent of the corporation. I am aware of the consequences provided for in Section 607.0505, Florida Statutes, and that my name is printed on the certificate of incorporation as an agent for the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Harris

8/1/94