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
1995 MAY -1 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074576

1. Corporation Name
National Excel, Inc.

Principal Place of Business / Mailing Address
9721 Executive Center Dr. N #108
St. Petersburg, FL. 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Oct. 7, 1994
3a. Date of Last Report: March, 1995

2. Principal Place of Business
21 9721 Executive Ctr. Dr N
22 Suite 108
23 St. Petersburg, FL
24 Zip 33702 25 County

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

4. FEI Number: 59-3272225 — 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
Phillip W. Snyder
4512 Fair Oaks Ave.
Tampa, FL 33611

10. Name and Address of New Registered Agent
81 Name: Sabrina M. Campbell
82 Street Address (P.O. Box Number is Not Acceptable): 4718 Beaumont St.
83
84 City: Tampa. FL 85 Zip Code: 33611

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: Sabrina M. Campbell — Sabrina M. Campbell — 4-28-95
Signature, typed 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	President	11 TITLE	☐ Change ☐ Addition
NAME	Sabrina M. Campbell	12 NAME	
STREET ADDRESS	4718 Beaumont St.	13 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33611	14 CITY-ST-ZIP	
TITLE	Phillip W Snyder (Vice President	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	300001492503
STREET ADDRESS	4512 Fair Oaks Ave	23 STREET ADDRESS	-05/17/95--01181--001
CITY-ST-ZIP	Tampa, FL 33611	24 CITY-ST-ZIP	****200.00 ****200.00
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	☐ Change ☐ Addition
NAME		62 NAME	2A
STREET ADDRESS		63 STREET ADDRESS	5-1-95
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: Sabrina M. Campbell — Sabrina M. Campbell — 4-28-95 — 813/570-9556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #