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 APR 18 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000076652 (4)

1. Corporation Name

BILLS BACKERS OF ORLANDO, INC.

Principal Place of Business

P.O. BOX 679051
ORLANDO FL 32867

Mailing Address

P.O. BOX 679051
ORLANDO FL 32867

3. Date Incorporated or Qualified: 10/17/1994

3a. Date of Last Report:

2. Principal Place of Business
21 P.O. Box 679051
22 Suite, Apt. #, etc.
23 City & State: ORLANDO, FL
24 Zip: 32867
25 Country: USA

2a. Mailing Address
26 P.O. Box 679051
27 Suite, Apt. #, etc.
28 City & State: ORLANDO, FL
29 Zip: 32867
30 Country: USA

4. FEI Number: 59-3271842 ☐ 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

MAMON, TED
622 MARSHALL STREET
ALTAMONTE SPRINGS FL 32822

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAMON, TED
STREET ADDRESS	622 MARSHALL STREET
CITY ST ZIP	ALTAMONTE SPRINGS FL 32822
TITLE	D
NAME	BROOKS, BARRY
STREET ADDRESS	227 E. CEDARWOOD CIRCLE
CITY ST ZIP	KISSIMMEE FL 34743
TITLE	D
NAME	BOULEY, PHIL
STREET ADDRESS	1001 HART BRANCH ROAD
CITY ST ZIP	OVIEDO FL 32765
TITLE	D
NAME	HALL, JIM
STREET ADDRESS	5101 N. ORANGE AVE.
CITY ST ZIP	WINTER PARK FL 32792
TITLE	D
NAME	WRAZEN, STEVEN
STREET ADDRESS	2301 NANSEN AVE.
CITY ST ZIP	ORLANDO FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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: [signature] STEVEN L. WRAZEN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95 — Date

(407)834-6633 — Daytime Phone #

0410000 FP