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5-3-95 A- 535

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076933 (8)**

1. Corporation Name
NATIONAL LIQUID PRODUCTS, INC.

Principal Place of Business
315 E. ROBINSON STREET
SUITE 190
ORLANDO FL 32801

Mailing Address
315 E. ROBINSON STREET
SUITE 190
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

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

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

3. Date Incorporated or Qualified: **10/19/1994**

3a. Date of Last Report

4. FEI Number: 59-3303000 ☐ 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

LODOLCE, PATRICIA M
315 E. ROBINSON STREET
SUITE 190
ORLANDO FL 32801

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 Patricia M. LoDolce Patricia M. LoDolce 4/26/95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	Thomas E. Conlan	1.2 NAME	
STREET ADDRESS	315 E. Robinson St. #190	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	1.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	2.1 TITLE	☐ Change ☐ Addition
NAME	Patricia M. LoDolce	2.2 NAME	
STREET ADDRESS	315 E. Robinson St. #190	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	2.4 CITY-ST-ZIP	
TITLE	Chief Executive Officer	3.1 TITLE	☐ Change ☐ Addition
NAME	Gerald C. Parker	3.2 NAME	
STREET ADDRESS	315 E. Robinson St. #190	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Patricia M. LoDolce Patricia M. LoDolce 4/26/95 407-849-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005017 CP