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 MAR -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077253 (0)

1. Corporation Name
DJR TAMPA CORPORATION

Principal Place of Business	Mailing Address
~~C/O WILLIAM R. PAUL, ESQ.~~ ~~100 S. ASHLEY DRIVE, STE 1500~~ ~~TAMPA FL 33602~~	~~C/O WILLIAM R. PAUL, ESQ.~~ ~~100 S ASHLEY DRIVE, STE 1500~~ ~~TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 35142 US Highway 19 N.	26 35142 US Highway 19 N.
Suite, Apt. #, etc. 22 Alderman Plaza	Suite, Apt. #, etc. 27 Alderman Plaza
City & State 23 Palm Harbor, Florida	City & State 28 Palm Harbor, Florida
Zip / Country 24 34684 / 25 U.S.A.	Zip / Country 29 34684 / 30 U.S.A.

4. FEI Number: 59-3276066 ☐ 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

~~PAUL, WILLIAM R~~
~~100 S ASHLEY DRIVE~~
~~SUITE 1500~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name: DeLynn L. Baker
82 Street Address (P.O. Box Number is Not Acceptable): 35142 U. S. Highway 19 North
83: Alderman Plaza
84 City: Palm Harbor FL 85 Zip Code: 34684

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: DeLynn L. Baker — DeLynn L. Baker — DATE
(Signature, if agent, of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	P/T/S/D ☐ Change ☐ Addition
NAME	BAKER, DELYNN L	12 NAME	
STREET ADDRESS	~~35 SOUTH 7TH AVENUE~~	13 STREET ADDRESS	35142 U. S. Highway 19 North
CITY-ST-ZIP	~~LA GRANGE IL 60525-2502~~	14 CITY-ST-ZIP	Palm Harbor, Florida 34684
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
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	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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: DeLynn L. Baker — DeLynn L. Baker, President — 813-784-9555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0260627 CP