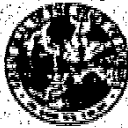


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000084361 (2)

1. Corporation Name

WARRIOR CONSTRUCTION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG -9 PM 2:37

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
2221 LEE RD.  
SUITE 17  
WINTER PARK FL 32789

Mailing Address  
2221 LEE RD.  
SUITE 17  
WINTER PARK FL 32789

3. Date Incorporated or Qualified  
11/16/1994

3a. Date of Last Report

4. FBI Number  
59-3275508

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

6. This corporation has liability for intangible tax under s. 100.032, Florida Statutes ☐ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

BOOTH, DAVID A  
2221 LEE RD.  
SUITE 17  
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS         | CITY - ST - ZIP      |
|-------|----------------|------------------------|----------------------|
| DP    | BOOTH, DAVID A | 2221 LEE RD., SUITE 17 | WINTER PARK FL 32789 |
| TITLE | NAME           | STREET ADDRESS         | CITY - ST - ZIP      |
| TITLE | NAME           | STREET ADDRESS         | CITY - ST - ZIP      |
| TITLE | NAME           | STREET ADDRESS         | CITY - ST - ZIP      |
| TITLE | NAME           | STREET ADDRESS         | CITY - ST - ZIP      |
| TITLE | NAME           | STREET ADDRESS         | CITY - ST - ZIP      |
| TITLE | NAME           | STREET ADDRESS         | CITY - ST - ZIP      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------|----------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | Change | Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | Change | Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | Change | Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | Change | Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | Change | Addition |

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 110.07(3)(b), 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 employed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95

Date

694-1282

Signature (Name)