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 MAY -1 PM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086546 (6)**

1. Corporate Name
VIBRA FLOAT, INC.

Principal Place of Business	Mailing Address
7136 S. DEERHAVEN ROAD SOUTHPORT FL 32409	7136 S. DEERHAVEN ROAD SOUTHPORT FL 32409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: **59 3278664** ☐ Applied For ☐ Not Applicable
State, Apt. #, or (22)	State, Apt. #, etc. (27)	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25)	Zip (29) County (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BANKS, DONALD J 434 MAGNOLIA AVENUE PANAMA CITY FL 32402	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 607.0427 and 607.1908, 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: _____ (If changing Registered Agent or Registered Agent's address)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
(81) NAME:	(81) P NAME: RAYMOND J. MICHELS ☒ Change ☐ Addition STREET ADDRESS: 1427 S. EVERGREEN AVENUE CITY-ST-ZIP: ARLINGTON HEIGHTS, IL 60005
(82) NAME:	(82) D NAME: GLENN POWELL ☒ Change ☐ Addition STREET ADDRESS: 7000 HIGHWAY 77 CITY-ST-ZIP: SOUTHPORT, FL. 32409
(83) NAME:	(83) D NAME: DARYL DOCKERY ☒ Change ☐ Addition STREET ADDRESS: RT 2 BOX 2200 CITY-ST-ZIP: PONCE DE LEON, FL 32455
(84) NAME:	(84) NAME: ☐ Change ☐ Addition STREET ADDRESS: CITY-ST-ZIP:
(85) NAME:	(85) NAME: ☐ Change ☐ Addition STREET ADDRESS: CITY-ST-ZIP:
(86) NAME:	(86) NAME: ☐ Change ☐ Addition STREET ADDRESS: CITY-ST-ZIP:

14. I hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1, or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Richard Allen, Secretary — 4/29/95 — 904 265-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0031606 CP