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 MAR 22 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090662 (5)

1. Corporation Name
CHARLACO, INC.

Principal Place of Business	Mailing Address
2227 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA FL 32119	2227 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report:

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

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

4. FEI Number: 59-3287696 ☐ 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

~~CORPORATION INFORMATION SERVICES INC.~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Paul H. Charla
82 Street Address (P.O. Box Number is Not Acceptable): 44 Blaine Drive
83:
84 City: Palm Coast FL 85 Zip Code: 32137

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: Paul M. Charla PAUL M. CHARLA DATE: 3-16-95
(Signature, typed or printed name of registered agent and title if applicable) (Notice: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	CHARLA, PAUL M	1.2 NAME	
STREET ADDRESS	44 BLAINE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	CHARLA, MICHAEL E	2.2 NAME	
STREET ADDRESS	44 BLAINE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: X Paul M. Charla Paul M. Charla 3-2-95 904-788-9473
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

2/23/95:JFW:lw

0000310 CP