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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000023297 (1)**

1. Corporation Name
COLBY CORVETTE, INC.

Principal Place of Business	Mailing Address
2095 N. BAY RD. **MOUNT DORA FL 32757** **US**	**2095 N. BAY RD.** **MOUNT DORA FL 32757-2105** **US**

3. Date Incorporated or Qualified: **03/22/1995**
3a. Date of Last Report: **05/01/1996**

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: **59-3306971** ☐ 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

PRITT, WAYNE P
34151 PARKVIEW AVENUE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: COLBY TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable): 2095 N. Bay Road
83
84 City: Mount Dora **FL** 85 Zip Code: 32757

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: Colby Taylor — 4/9/97 (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRITT, WAYNE P		1.2 NAME		
STREET ADDRESS	34151 PARKVIEW AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP		
TITLE	~~X~~RX P	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	TAYLOR, COLBY		2.2 NAME	TAYLOR, COLBY	
STREET ADDRESS	2095 N. BAY RD.		2.3 STREET ADDRESS	2095 N. BAY RD.	
CITY-ST-ZIP	MOUNT DORA FL		2.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZILL, MARY A		3.2 NAME		
STREET ADDRESS	2095 N. BAY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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: [illegible] President — 4/9/97 — 352 357 8387

CR2E034 (9/96)