FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000023724 (4)**

1. Corporation Name

INTERPRO RESOURCES, INC.

Principal Place of Business	Mailing Address
7901 BAYMEADOWS WAY SUITE 13 JACKSONVILLE FL 32256-8535	7901 BAYMEADOWS WAY SUITE 13 JACKSONVILLE FL 32256-8535

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1820 W. COLONIAL DR.
22 Suite, Apt. #, etc.
23 City & State: ORLANDO, FL
24 Zip: 32804
25 Country: USA

2a. Mailing Address
26 1820 W. COLONIAL DR.
27 Suite, Apt. #, etc.
28 City & State: ORLANDO, FL
29 Zip: 32804
30 Country: USA

4. FEI Number: 59-3305732 ☐ 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

BRAGA, JOHN O
7901 BAYMEADOWS WAY
SUITE 13
JACKSONVILLE FL 32256-8535

10. Name and Address of New Registered Agent

81 Name: JOHN O. BRAGA
82 Street Address (P.O. Box Number is Not Acceptable): 1820 W. COLONIAL DR.
83
84 City: ORLANDO FL 85 Zip Code: 32804

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAGA, JOHN O 7901 BAYMEADOWS WAY SUITE 13 JACKSONVILLE FL 32256-8535	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	JOHN O. BRAGA PRESIDENT 1820 W. COLONIAL DRIVE ORLANDO, FL 32804	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P. JAMES R. HOLCOMBE P.O. BOX 1223 WINNEOLA, FL 34755 (32804)	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V.P. BRIAN T. SMALL 7615 SUGAR BEND DR. ORLANDO, FL 32819	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V.P. JAMES R. HOLCOMBE 1820 W. COLONIAL DR. ORLANDO, FL 32804	☐ 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

CR2E034 (12/95)

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: JOHN O. BRAGA PRESIDENT 4/29/96 (407)426-8782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #