SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P95000024530 (4) THOMAS C. DENSLOW, P.A. Principal Place of Business Mailing Address 2813 RIVERVIEW BLVD 2813 RIVERVIEW BLVD. **BRADENTON FL 34205** BRADENTON FL 34205 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation has liability for intangible tax under s. 199 032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DENSLOW, THOMAS C 2813 RIVERVIEW BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 Zip Code 84 City 85 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. DATE Signature, typical or printed name of registered agent and title it applicable (NOTE: Birgintered Agent signature required when reinstating). (3/96)OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 12 13. FRESIDENT 1.3 1111 6 TilliF CR2E034 NAME 1.2 NAME 2013 PHUERVIEW BLUD STREET ADDRESS 13 STHEET ADDRESS 14 CHTY - ST. ZIP CHTY - ST - ZIP DELFTE Change Addition THILE 2.1 DILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP City-St-7iP Change Addition DELETE 4.1 TIFLE TITLE NAME 4 2 NAM8 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 11TLE TITLE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 to hanged, of on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

Thomas C. Denslow 4/5/90 94/747-887

***225.00

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