

Document Number Only

P95000046/79

95 JUN 14 PM 3:07  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

Corolla Fireworks Inc.

☒ Profit Articles

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call If Problem

☒ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS/ G/S

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ After 4:30

☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

6/13/95

789,502,671  
W/95-12040

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

CR2E031 (1-89)

2. BROWN JUN 14 1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthaupt  
Secretary of State

June 13, 1995

CT CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

SUBJECT: GORILLA FIREWORKS INC.  
Ref. Number: W95000012040

WALK-IN 6/14  
Pick-up 3:00  
15 JUN 1995

Please back Date  
to 6/13

Thanks.

We have received your document for GORILLA FIREWORKS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 995A00028989

STATE OF FLORIDA

COUNTY OF Marion

## AFFIDAVIT

Before me, the undersigned notary public, personally appeared Wilbur Hatcher, who is known to me, and who, being by me duly sworn, did depose and say as follows:

1. My name is Wilbur Hatcher. My office address is 6100 S.E. 78th Street, Ocala, Florida. I am over the age of 21 years, and I am legally competent to make this affidavit.
2. In the Articles of Incorporation of Gorilla Fireworks, Inc., filed on June 12, 1995, I was named as the sole director.
3. The said Gorilla Fireworks, Inc., never issued any stock or elected any officers.
4. Gorilla Fireworks, Inc. was dissolved by the incorporators on June 13, 1995.
5. As sole director named in the Articles of Incorporation, I hereby release the name Gorilla Fireworks, Inc. and consent to its use by any other corporation desiring to use the same.

Done this 13<sup>th</sup> day of June, 1995.

Wilbur Hatcher  
Wilbur Hatcher

Sworn to and subscribed before me this 13<sup>th</sup> day of June, 1995.

Sally L. Farrow  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 6/26/95

FILED  
JUN 14 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
ARTICLES OF INCORPORATION  
OF  
GORILLA FIREWORKS INC.

FIRST: The corporate name that satisfies the requirements of Section 607.0401 is:

GORILLA FIREWORKS INC.

SECOND: The address of the principal office and the mailing address of the corporation is: 5426 Blanding Boulevard, Jacksonville, Florida.

THIRD: The number of shares the corporation is authorized to issue is: Ten Thousand (10,000) Common Shares at One Dollar (\$1.00) par Value.

FOURTH: The street address of the initial registered office of the corporation is c/o C T Corporation System, 1200 South Pine Island Road, City of Plantation, Florida 33324, and the name of its initial registered agent at such address is C T Corporation System.

FIFTH: The names and addresses of the incorporators

are:

NAME

ADDRESS

Joey Bryan

660 East Jefferson Street  
Tallahassee, Florida 32301

Tera Fewell


660 East Jefferson Street  
Tallahassee, Florida 32301

The undersigned has executed these Articles of  
Incorporation

This 13th day of June, 1995.

  
Joey Bryan

, Incorporator

  
Tera Fewell

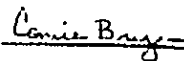
, Incorporator

Acceptance by the Registered Agent as required in Section  
607.0501 (3) F.S.: C T Corporation System is familiar with and  
accepts the obligations provided for in Section 607.0505.

C T CORPORATION SYSTEM

Dated June 13, 1995.

By



JONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

*file*  
P95000046179

LAW OFFICES OF  
**HICKS & MACQUARRIE**  
(A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS)

Daniel Hicks, P.A.  
CHRISTOPHER J. MACQUARRIE, P.A.  
MOBILE (332) 673-3000

2303 PROFESSIONAL CENTER  
SUITE 201  
2303 S.W. 17TH STREET  
OCALA, FLORIDA 34471-9109  
TELEPHONE (352) 351-8000  
FAX (352) 351-2284

MAILING ADDRESS  
POST OFFICE DRAWER 1088  
OCALA, FLORIDA 34478-1088

INTERNET ADDRESS:  
liigator4@aol.com

May 30, 1996

State of Florida  
Division of Corporations  
P.O. Box 6327  
Corner of Monroe & Applacia Parkway  
Tallahassee, FL 32301

RE: Gorilla Fireworks, Inc.

Gentlemen:

With reference to the above corporation, please note the following change of address:

Physical Address: 6100 S.E. 78th Street  
Ocala, FL 34472

Mailing Address: P.O. Box 1291  
Bellevue, FL 34420

Sincerely,

HICKS & MacQUARRIE

*[Signature]*

Daniel Hicks, P.A.

DH/scn

*PR 6/10/96*

P95000046179

September 19, 1996

RE: EQUAL ACCESS CORPORATION  
GORILLA FIREWORKS, INC.  
THE POLOTE CORPORATION

(CA. DOM.)  
(FL. DOM.)  
(GA. DOM.)

Secretary of State  
Corporate Records Bureau  
Division of Corporation  
409 E. Gaines Str.  
Tallahassee, FL 32399

900001950009  
-09/24/96--0112--014  
\*\*\*\*\*35.00 \*\*\*\*\*25.00

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 3 checks in the amount of \$35.00 each to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed carbon copy of this letter. For your convenience, we enclose a stamped self addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary  
TA: <sup>cm</sup>  
enclosure

SH 9/25



Florida Department of State, Jim Smith, Secretary of State

### RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)

Registered Agent for AMERICA FIREWORKS, INC.

(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA

A copy of this resignation was mailed to the above listed corporation at its last known address.

P.O. Box 1318

Florence, AL 35630

Attn: Chief Financial Officer

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Jim Smith  
SIGNATURE  
ASSISTANT SECRETARY

#### FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 DEC -6 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000046179**

1 Corporation Name

**GORILLA FIREWORKS INC.**

Principal Place of Business

Mailing Address

6100 SE 78TH ST  
OCALA FL 34472

PO BOX 1291  
BELLEVUE FL 34420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>06/13/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>63-1146640</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	TERRENCE C. ANDERSON	4511 HELTON DRIVE	FLORENCE, AL 35631
VP	JEFFREY DROPO	4511 HELTON DRIVE	FLORENCE, AL 35631
CFO	JOHN PALME	4511 HELTON DRIVE	FLORENCE, AL 35631
S	GERALD DAUGHERTY	202 NORTH COURT STREET	FLORENCE, AL 35631
<b>REINSTATEMENT</b> 12-6-96			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324		Name: Street Address (P.O. Box Number is Not Acceptable) <b>500002022465--0</b> Suite, Apt. #, Etc. <b>-12/06/96--01084--013</b> City <b>*****375.00 *****375.00</b> State Zip Code <b>FL</b>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: **12/3/96**

REGISTERED AGENT MUST SIGN: *John J. Masters, Asst. Secy*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **11/27/96** Daytime Phone #: **205-764-9901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (7/96)