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May 20 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 # **P95000046834 (4)**

1. Corporation Name
FLORIDRON (OCEANSIDE), INC.

Principal Place of Business	Mailing Address
~~104 CALEDONIA DRIVE~~ ~~MELBOURNE BEACH FL 32951~~	~~134 CALEDONIA DRIVE~~ ~~MELBOURNE BEACH FL 32951-3902~~

3. Date Incorporated or Qualified: **06/15/1995**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business
21: 219 SALT GRASS PLACE
Suite, Apt. #, etc. 22:
City & State 23: MELBOURNE BEACH, FL
Zip 24: 32951 Country 25: USA

2a. Mailing Address
26: 219 SALT GRASS PLACE
Suite, Apt. #, etc. 27:
City & State 28: MELBOURNE BEACH, FL
Zip 29: 32951 Country 30: USA

4. FEI Number: ~~APPLIED FOR~~ 59-3443461 ☐ 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
~~PEEPLES, JAMES W III~~
~~505 NORTH ORLANDO AVENUE~~
~~COCOA BEACH FL 32932-0757~~

10. Name and Address of New Registered Agent
81 Name: BRIAN SCULTHORP
82 Street Address (P.O. Box Number is Not Acceptable): 219 SALT GRASS PLACE
83
84 City: MELBOURNE BEACH FL 85 Zip Code: 32951

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: Brian Sculthorp BRIAN SCULTHORP 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	SCULTHORP, BRIAN		1.2 NAME	SCULTHORP, BRIAN	
STREET ADDRESS	134 CALEDONIA DRIVE		1.3 STREET ADDRESS	219 SALT GRASS PLACE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (9/96)

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: Brian Sculthorp BRIAN SCULTHORP 4/21/97 407-676-0521