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 # **S02115** **(1)**

1. Corporation Name
XTC, INC.

Principal Place of Business
22 KEY HAVEN ROAD
KEY WEST FL 33040-6220

Mailing Address
22 KEY HAVEN ROAD
KEY WEST FL 33040-6220

3. Date Incorporated or Qualified: **08/23/1990**
3a. Date of Last Report: **08/25/1995**

4. FEI Number: **65-0255002** — 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

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

9. **Name and Address of Current Registered Agent**
STEVENS, MATHILDA S.
22 KEY HAVEN ROAD
KEY WEST FL 33040

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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	DST	☐ DELETE
NAME	STEVENS, MATHILDA S.	
STREET ADDRESS	22 KEY HAVEN RD.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	XX DELETE
NAME	BRAEUNIG, PHILLIP A.	
STREET ADDRESS	P. O. BOX 1123 N/A	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	X Change ☐ Addition
1.2 NAME	Stevens, Mathilda S.	
1.3 STREET ADDRESS	#22 Key Haven Rd	
1.4 CITY-ST-ZIP	Key West, Fl 33040	
2.1 TITLE	DST	XX Change ☐ Addition
2.2 NAME	TOYE ANN STEVENS	
2.3 STREET ADDRESS	#1 Calle Uno; Rockland Key	
2.4 CITY-ST-ZIP	Key West, Fl 33040	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: MATHILDA S. STEVENS, President — 3/19/96 — 305-295-0600

SIGNATURE OF OFFICER OR DIRECTOR — PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)