FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 27 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995 4-27-95

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

B 47032

DOCUMENT # S14816 (0)

1. Corporation Name
EQUATOR, INC.

Principal Place of Business	Mailing Address
3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER FL 34619	3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1990
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3043281 ☐ 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	10. Name and Address of New Registered Agent
WILDER, MAURICE, F 1800 MCCAULEY CLEARWATER FL 34625	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 607.1508, 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILDER, MAURICE, F	12 NAME	
STREET ADDRESS	1800 MCCAULEY	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WILDER, KATHY, JO	22 NAME	
STREET ADDRESS	1800 MCCAULEY	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	Patricia Hentges = Delete ☐ Change ☐ Addition
NAME	HENTGES, PATRICIA	32 NAME	
STREET ADDRESS	3312 BRIARWOOD CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	MERRELL, THOMAS, L	42 NAME	
STREET ADDRESS	2892 DEER RUN SOUTH	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	VD ☐ Change ☒ Addition
NAME		52 NAME	Peter E. Creighton
STREET ADDRESS		53 STREET ADDRESS	8447 Merrimoor Blvd. E.
CITY ST ZIP		54 CITY-ST-ZIP	Largo, FL 34647
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Peter E. Creighton, Executive V.P. 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(813) 799-2111
Daytime Phone Number

0370347 CP