FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-27-95

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

3-4618 C

APPROVED AND FILED

'95 APR 27 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S35610 (2)

1. Corporation Name

KRAMER, COLE AND YOUNG, INC.

Principal Place of Business	Mailing Address
3314 HARBOUR BLVD. PORT CHARLOTTE FL 33952	3314 HARBOUR BLVD. PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1991
3a. Date of Last Report: 02/24/1994

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

4. FEI Number: 65-0250788 ☐ 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

DUQUETTE, SHERRY
3314 HARBOUR BLVD
PORT CHARLOTTE FL 33592

10. Name and Address of New Registered Agent

81 Name: Roland Duquette
82 Street Address (P.O. Box Number is Not Acceptable): 3314 Harbor BLVD
83
84 City: Port Charlotte FL 85 Zip Code: 33952

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 _____ 4/21/95
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	VTS	1.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	DUQUETTE, SHERRY	1.2 NAME	ROLAND DUQUETTE	
STREET ADDRESS	3314 HARBOR BLVD	1.3 STREET ADDRESS	3314 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	2.1 TITLE	DIRECTOR/TREASURER	☒ Change ☐ Addition
NAME	COUCH, JOHN	2.2 NAME	JOHN COUCH	
STREET ADDRESS	3314 HARBOR BLVD	2.3 STREET ADDRESS	3314 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	STEVENS, SHERRY D.	3.2 NAME	ANTHONY NIEVES	
STREET ADDRESS	3314 HARBOR BLVD	3.3 STREET ADDRESS	3314 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DUQUETTE, ROLAND	4.2 NAME	CAROL SAVA	
STREET ADDRESS	3314 HARBOR BLVD	4.3 STREET ADDRESS	3314 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	SAVA, CAROL	5.2 NAME		
STREET ADDRESS	3314 HARBOR BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ 4/21/95 813 743 2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roland Duquette

0448700 FP