FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 20 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/95--01039--020
****225.00 ****225.00

DOCUMENT # S46253

1. Corporation Name
C.G.R. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
243 Deer Run South Ponte Vedra Beach Fla 32082	243 Deer Run South Ponte Vedra Beach Fla 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26) 243 Deer Run S.
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27) 1
City & State (23)	City & State (28) Ponte Vedra Bch Fla
Zip (24) / Country (25)	Zip (29) 32082 / Country (30) USA

3. Date Incorporated or Qualified: 4-15-91
3a. Date of Last Report: 3-27-94
4. FEI Number: 59-3063466 (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
GARY L REYNOLDS 243 Deer Run South Ponte Vedra Beach Fla 32082	(81) Name: GARY L REYNOLDS (82) Street Address (P.O. Box Number is Not Acceptable): 243 Deer Run South (83) Ponte Vedra (84) City: Beach FL (85) Zip Code: 32082

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: Gary L Reynolds GARY L REYNOLDS 5/20/95
(Signature(s) of printed name(s) of registered agent and title if applicable) (If FEI, Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President GARY L REYNOLDS 243 Deer Run South 32082 Ponte Vedra Beach Fla	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Director CAROLYN T REYNOLDS 243 Deer Run South 3208 Ponte Vedra Beach Fla	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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: Gary L Reynolds GARY L REYNOLDS 5/20/95 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

2730326