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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:50

DOCUMENT # S60276 (0)

1. Corporation Name
EXTOR, LTD., INC.

Principal Place of Business	Mailing Address
8525 SE PALM ST HOBE SOUND FL 33455	PO BOX 9 HOBE SOUND FL 33455 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21: 8658 SE OLEANDER ST
Suite, Apt. #, etc. 22:
City & State 23: HOBE SOUND FL
Zip 24: 33455 Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3082405 ☐ 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

HALE, TERRY A
8525 SE PALM ST
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name: HALE, TERRY A
82 Street Address (P.O. Box Number is Not Acceptable): 8658 SE OLEANDER STREET
83:
84 City: HOBE SOUND FL 85 Zip Code: 33455

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	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	HALE, TERRY A	1.2 NAME	~~HALE, TERRY A.~~	
STREET ADDRESS	8658 SEOLEANDER ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	DAIL, LINDA A	2.2 NAME	DAIL, CHARLES E. JR.	
STREET ADDRESS	2304 WHARFS LANDING	2.3 STREET ADDRESS	8658 SE OLEANDER ST	
CITY-ST-ZIP	CHESAPEAKE VA	2.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, BLAIR C	3.2 NAME		
STREET ADDRESS	8525 SE PALM STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: Terry A. Hale TERRY A. HALE 3/7/95 (407) 546-2162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0439370 FP