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
1995 MAR -9 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S60965 (8)

1. Corporation Name
BREEZE INTERNATIONAL, INC.

100001426171
-03/10/95--01039--012
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
SAME P.O. BOX 6186 GULF BREEZE FL 32561 US	3254 FORDHAM DR P.O. BOX 6186 GULF BREEZE FL 32561 US

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: SAME
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: 59-3072630 ☐ 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

LAVIOLETTE, DAVID
~~H CALLE HERMOSA~~
~~PENSACOLA BEACH FL 32561~~
310 ANDREW JACKSON TR
GULF BREEZE, FL
32561

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 607.1508, 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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GODWIN, ROY G.	12 NAME	
STREET ADDRESS	4187 MADURA ROAD EAST	13 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LAVIOLETTE, DAVID F.	22 NAME	
STREET ADDRESS	310 ANDREW JACKSON TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LAVIOLETTE, BARBARA N.	32 NAME	
STREET ADDRESS	310 ANDREW JACKSON TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BOGAN, LESLIE EUGENE,III	42 NAME	
STREET ADDRESS	3218 CORAL STRIP PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	☐ Change ☐ Addition
NAME	~~GREY, BERKLEY J.~~	52 NAME	
STREET ADDRESS	~~3913 WEST MADURA RD.~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~GULF BREEZE FL~~	54 CITY-ST-ZIP	
TITLE		61 TITLE	gone ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	3-9
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 alteration.

SIGNATURE: _____ 1 MAR 95 904-934-8700
SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
DAVID F. LAVIOLETTE

0470094 FP