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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S95171 (2)

1. Corporation Name
OZBURN, INC.

Principal Place of Business	Mailing Address
2033 MAIN ST SUITE 100 SARASOTA FL 34237	2033 MAIN ST SUITE 100 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 OZBURN, INC.	26 OZBURN, INC
Suite, Apt. #, etc 22 406 SARASOTA QUAY	Suite, Apt. #, etc 27 406 SARASOTA QUAY
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip / Country 24 34236 / 25 USA	Zip / Country 29 34236 / 30 USA

4. FEI Number: 65-0301341 — 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

~~PARKER, THEODORE~~
~~2033 MAIN ST~~
~~SUITE 100~~
~~SARASOTA FL 34237~~

10. Name and Address of New Registered Agent

81 Name: C. S. OZBURN
82 Street Address (P.O. Box Number is Not Acceptable): 406 SARASOTA QUAY
83
84 City: SARASOTA FL 85 Zip Code: 34236

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: C. S. Ozburn — (If changing Registered Agent, type or print name and sign above) — 5/3/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
12 NAME	COLER, THOMAS E.	12 NAME	Coler, Thomas E
13 STREET ADDRESS	2033 MAIN STREET #100	13 STREET ADDRESS	406 SARASOTA QUAY
14 CITY ST ZIP	SARASOTA, FL 34237	14 CITY ST ZIP	SARASOTA, FL 34236
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that this report 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 report or supplemental requested 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 with an address, with an asterisk (*) in front of that address.

SIGNATURE: [signature] 4/17/95 955-7801
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Telephone Number

0343070 CP