## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1006



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

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| TALLAHASSEE FL 32303  | DOCUN                         |   | (2)  |   |                        |  |   |                  |
|---|-------------------------------|---|--|---|------------------------|--|---|------------------|
| TALLAMASSEE FL 32004  13. Each incorporated or Counted  3. Each incorporated or Counted  4. Each incorporated or Counted  4. Each incorporated or Counted  4. Each incorporated or Counted  5. Counted  5  |                               |   | , ,  |   |                        | 1 188/6 DXHAO1 1188/6 DXHAO 1100 18      | 111 <b>8</b> 787 81811 81811 81816 7          |                  |
| TALLAMASSEE FL 2204  TALLAMASSEE FL 2203  TALLAMASS  | Principal Place               | of Business                               | Mailing Address  |   |                        |  |   |                  |
| 3. Dide incorposition of Obstroit of Obstr  |                               |   |  |   |                        |  |   |                  |
| 22,   Marie   36   Sept.   April   36   Sept.   A  | 111001111100                  |   |  |   |                        | •  |   | •                |
| Solice April #, RC   Suite   Suite, April #, RC   S  | <b>6</b>                      | (F)                                       | Los Mailas Adelasas  |   |                        |  | 00/01/  |                  |
| SUITE, Age #, etc.    Suite, Age #, etc.  | 2. Principa: Pia:             | ice of Business                           |  |   |                        |  | -   |                  |
| City & Status    City & Status   City & Status   City & Status   City & Status   City & Status   City & Status   City & Status   City & Status   City & Status   City & Status   City & Status   City & Status   City & City & Status   City & City & Status   City & Status   City & City & City & Status   City & City & Status   City & City & Status   City & City & Status   |                               | I, etc.                                   | Suite, Apt. #, etc.  |   |                        |  | 1 1   | 5 Additional     |
| Zip   | City & State                  |   | City & State   |   |                        | , ,                                      | \$5.0   | <b>00</b> May Be |
| Section Address of Current Registered Agent   | - <del>Ζ</del> ιρ             | <del></del>                               | Zip  | 1                                       | lry                    | 8. This corporation has liability for i  | intangible tax under :                        |                  |
| MOHRFELD, FRED R. 839 VONCILE AVENUE TALLAHASSEE FL 32303  84   | 4                             |   |  | 1301                                    |                        |  |   |                  |
| B39 VONCILE AVENUE TALLAHASSEE FL 32303  144 City FL 85 Zip Code  11. Pursuant to the provisions of Soctione 607 0502 and 607 1505 Florida Statutes, the above remed corporation submits this staticment for the purpose of changing its registered difference by the corporation's submits this staticment for the purpose of changing its registered difference or registered agent, or both, in the State of Florida, Such change was sufflorwed by the corporation's submits this staticment for the purpose of changing its registered difference or registered agent. I am transfer with, and accorpt the displaces of Societies of Profess And Difference agent. I am transfer with an accorpt the displaces are registered agent. I am transfer with packed agent, and accorpt the displaces are registered agent. I am transfer with a profess and profess the purpose of changing its registered difference are registered agent. I am transfer with a profess and profess and profess and profess and profess and profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am transfer with a profess and profess are registered agent. I am tr  |                               | <u> </u>                                  |  | 8                                       | Name                   |  |   |                  |
| TALLAHASSEE FL 32303  19 Oty  |                               |   |  | 8                                       | Street Add             | ress (P.O. Box Number is Not Acceptab    | le)   |                  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506. Florida Statutes, the above named corporation is shrinks has statement for the purpose of clearging its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation is blanks has statement for the purpose of clearging its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation is blanks has statement for the purpose of clearging its registered agent. I am familier with, and accept the displayable of Sporida Statutes.  ISONATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. WHITE ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. In It  |                               |   |  | ē                                       | 13                     |  |   | _                |
| T. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above named disposalions submits this statement for the purpose of changing at segistered office or registered agent, or both, in the State of Florids. Such change was subhorized by the corporation's brend of directors. Horeby accept the appointment as registered agent, I am tensilism with, and accept the obligations of Section 607.0505, Florids Statutes.  SIGNATURE  SIGNATURE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  1 THILE  DOT I CERS AND DIRECTORS IS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NOVE this and Aper segions have before the appointment as registered agent. I am  MOHRFELD, ROBERT W  13 SINSET ADDRESS  1004 ROSEMARY TERR  13 SINSET ADDRESS  14 Con't ST 2P  TALLAHASSEE FL 32303  DELETE  VS  DELETE  27 NUMB  SINSET ADDRESS  DIVEST-2P  TALLAHASSEE FL 32303  24 CON'S ST 2P  TALLAHASSEE FL 32303  25 CON'S ST 2P  TALLAHASSEE FL 32303  26 CON'S ST 2P  TALAHASSEE FL 32303  26 CON'S ST 2P  TALLAHASSEE FL 32303  26 CON'S ST 2P  TALLAHA  | . IMULAI                      | TAGGEE FL 32303                           |  |   |                        |  |   | Z.: Ondo         |
| or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's heard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 07/07/05/6, ibrinds statutions.  SIGNATURE  Signation, toda or protect quarter of registeric agent and the registeric agent and the registeric agent of the  | •                             |   |  | 18                                      | City                   |  | FL  **  <i>'</i>                              | rip Code         |
| Specific product control degrees copy and still mit age had a SPOCE Play devel degree recent determ in an addition in a shall in the still in the st  | or registere<br>familiar with | ed agent, or both, in the State of Florid | la. Such change was authorize<br>on 607.0506, Florida Statutes | ed by the co                            | rporation's boa        | rd of directors. Thereby accept the appo | pose of changing its<br>pintment as registere | ed agent. I am   |
| MOHRFELD, ROBERT W SIRKET ADDRESS 1004 ROSSEMARY TERR 12 NAME NOME 13 STREET ADDRESS 1004 ROSSEMARY TERR 13 STREET ADDRESS 14 CHTY-ST-2P  MOHRFELD, FRED R 22 NAME SIRKET ADDRESS 639 VINCILE AVE 23 STREET ADDRESS 639 VINCILE AVE 24 CHTY-ST-2P  TALLAHASSEE FL 32303 24 CHTY-ST-2P  TALLAHASSEE FL 32303 24 CHTY-ST-2P  MOHRFELD, WARREN 32 NAME MOHRFELD, WARREN 32 NAME MOHRFELD, WARREN 33 STREET ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 31 THLE Change Addition MOHRFELD WARREN 33 STREET ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 31 THLE Change Addition MOHRFELD WARREN 33 STREET ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 34 THLE Change Addition MAME SIRELE ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 51 THLE Change Addition MAME SIRELE ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 53 STREET ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 54 THLE Change Addition MAME SIRELE ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 55 THLE Change Addition MAME SIRELE ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 55 THLE Change Addition MAME SIRELE ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 DELETE 55 THLE Change Addition MAME SIRELE ADDRESS CHTY-ST-2P  TALLAHASSEE FL 32303 THE T  |                               |   |  |   | peri signici in recors |  |   | ODE IN 10        |
| MOHRFELD, ROBERT W   12 MAME   13 SMEFT ADDRESS   1004 ROSEMARY TERR   13 SMEFT ADDRESS   14 CDTV-ST-2P   TALLAHASSEE FL 32303   14 CDTV-ST-2P   THILE   Change   Addition   A  |                               | ····                                      |  | . — — — — — — — — — — — — — — — — — — — |                        | ADDITIONS/GRANGES TO OFFI                |   |                  |
| STREET ADDRESS  OLY-ST-ZP  TALLAHASSEE FL 32303  14 CITY-ST-ZP  WS  MOHRFELD, FRED R  839 VINCILE AVE  23 STREET ADDRESS  CITY-ST-ZP  TALLAHASSEE FL 32303  24 CITY-ST-ZP  TALLAHASSEE FL 32303  24 CITY-ST-ZP  MOHRFELD, WARREN  32 MANE  MOHRFELD, WARREN  32 MANE  MOHRFELD, WARREN  32 MANE  32 MANE  32 MANE  32 MANE  33 STREET ADDRESS  CITY-ST-ZP  TALLAHASSEE FL 32303  DELETE  4 1 THE  Change Addition  Addition  Addition  Change Addition  Addition  Change Chang  |                               |   |  | 1                                       |                        |  |   |                  |
| TALLAHASSEE FL 32303  | STREET ADDRESS                |   |  |   |                        |  |   |                  |
| MOHRFELD, FRED R 639 VINCILE AVE 73 STREET ADDRESS 639 VINCILE AVE 74 CITY-ST-2P TALLAHASSEE FL 32303 24 CITY-ST-2P TALLAHASSEE FL 32303 35 STREET ADDRESS CITY-ST-2P TALLAHASSEE FL 32303 34 CITY-ST-2P TITLE ANAME STREET ADDRESS CITY-ST-2P TALLAHASSEE FL 32303 34 CITY-ST-2P TITLE ANAME STREET ADDRESS CITY-ST-2P TITLE ADR  | CHTY-ST-ZiP                   |   |  | 1.4 CITY                                | -ST ZIP                |  |   |                  |
| Change   Addition   | TITLE                         | VS  | DELETE   | 2 1 Tal                                 | F                      |  | ☐ Change                                      | Addition         |
| TALLAHASSEE FL 32303  | NAME                          |   |  | 2 2 NAM                                 | 16                     |  |   |                  |
| NAME   MOHRFELD, WARREN   3   1   1   1   1   1   1   1   1   1   | STREET ADDRESS                |   |  | 2.3 STR                                 | EET ADORESS            |  |   |                  |
| MOHRFELD, WARREN   32 NAME   2415 WILLOW AVE   33 STHEET ADDRESS   CITY-ST-ZP   TALLAHASSEE FL 32303   34 CITY-ST-ZP  | CITY-ST-ZiP                   |   | E.S. Contac  |   |                        |  | ПСполе  | Addition         |
| 2415 WILLOW AVE   33 STREET ADDRESS   2415 WILLOW AVE   34 City-St-ZiP   TALLAHASSEE FL 32303   34 City-St-ZiP  |                               | * *                                       | [] vector  | <b>.</b>                                |                        |  |   | : Madition       |
| TALLAHASSEE FL 32303   34 City St-ZiP   |                               |   |  |   |                        |  |   |                  |
| DELETE  |                               |   |  |   |                        |  |   |                  |
| STREET ADDRESS  DELETE  | TITLE                         | THE SHOOLE IE SESSO                       | ☐ DELETE   |   |                        |  | Change  | Addition         |
| A 4 CITY ST-ZIP  DELETE 5 1 TITLE Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  DELETE 6 1 TITLE  NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP  14 L do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119 07(3)(N). Florida Statutes. I further   | NAME                          |   |  | 4.2 NAM                                 | 1E                     |  |   |                  |
| DELETE 5 1 TITLE Change Addition  5 2 MAME  5 2 MAME  5 3 STREET ADDRESS  CITY-S1-ZIP  TITLE DELETE 6 1 TITLE  Change Addition  Addition  Change Addition  Addition  6 2 NAME  6 3 STREET ADDRESS  CITY-S1-ZIP  6 4 CITY-S1-ZIP  14 Lide bereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119 07(3)(N). Florida Statutes. I further   | STHEET ADDRESS                |   |  | 4.3 \$TR                                | EET ADDRESS            |  |   |                  |
| STREET ADDRESS  CITY-S1-ZIP  5 4 CITY-S1-ZIP  5 4 CITY-S1-ZIP  Change Addition  6 2 NAME  6 1 Table  6 2 NAME  6 3 STREET ADDRESS  CITY-S1-ZIP  6 4 CITY-S1-ZIP  14 L do hereby certify that the information supplied with this filing is voluntarily furnished and closes not qualify for the exemption stated in Section 119 07(3)(N). Florida Statutes, I further  | CITY-ST-ZIP                   |   |  | 4.4 CH y                                | S1-ZIF                 |  |   |                  |
| 5.3 STREET ADDRESS CITY-\$1-ZIP  TITLE  DELETE 6 1 TiTLE  NAME SIRREET ADDRESS 64 CITY-\$1-ZIP 6 2 NAME 62 NAME 63 STREET ADDRESS CITY-\$1-ZIP 6 4 CITY-\$1-ZIP 6 4 CITY-\$1-ZIP 6 4 CITY-\$1-ZIP 6 5 STREET ADDRESS 6 4 CITY-\$1-ZIP 6 4 CITY-\$1-ZIP 6 5 STREET ADDRESS 6 4 CITY-\$1-ZIP 6 6 CITY-\$1-ZIP 6 | TITLE                         |   | ☐ DELETE   |   |                        |  | ☐ Change                                      | e L Addition     |
| CITY-S1-ZIP  54 CITY-S1-ZIP  TITLE  DELETE  6 1 TiTLE  Change Addition  62 NAME  63 STREET ADDRESS  CITY-S1-ZIP  14. Lide hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119 07(3)(N). Florida Statutes, I further  | NAME                          |   |  |   |                        |  |   |                  |
| DELETE 6 1 Title Change Addition  NAME  STREET ADDRESS  CITY-S1-ZIP  14. Lob pereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further   |                               | •   |  |   |                        |  |   |                  |
| NAME 62 NAME 63 STREET ADDRESS CITY-S1-ZIP 64 CITY-S1-ZP 64 CITY-S1-ZP 64 CITY-S1-ZP 14. Lido hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further  |                               |   | [] DELETE  |   |                        |  | ☐ Change                                      | Addition         |
| STREET ADDRESS  6.3 STREET ADDRESS  6.4 C-TY-S1-7-P  14. Lide hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further  | 1                             |   |  |   |                        |  | ogo   |                  |
| CITY-S1-ZIP  14. Lido hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further  |                               |   |  |   | -                      |  |   |                  |
| 14. Lido benefity that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further  |                               |   |  |   |                        |  |   |                  |
|   | 14. Ldo hereby                | y certify that the information supplied v | vith this filing is voluntarily furn                           | ished and de                            | oes not qualify        | for the exemption stated in Section 119. | 07(3)(k), Florida Stat                        | utes. I further  |

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR Fred R. Mohrfeld

2/14/96

(904) 575-9996