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 APR 17 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30583 (1)

1. Corporation Name
A STRAIGHT FLUSH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3980 SOUTHEAST 167TH PLACE SUMMERFIELD FL 34491 US	3980 SOUTHEAST 167TH PLACE SUMMERFIELD FL 34491 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1992
3a. Date of Last Report: 08/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. BOX 3877
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: BELLVIEW, FL.
Zip — 24
Country — 25
Zip — 29: 34421
Country — 30: MARION

4. FEI Number: 59-3125391 ☐ 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

FARR, BERNARD
3980 SOUTHEAST 167TH PLACE
SUMMERFIELD FL 34491

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TDP	1.1 TITLE	T	☒ Change ☐ Addition
NAME	FARR, BERNARD	1.2 NAME	FARR, BERNARD	
STREET ADDRESS	3980 SOUTHEAST 167TH PLACE	1.3 STREET ADDRESS	3980 S.E. 167TH PLACE	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	SUMMERFIELD, FL. 34491	
TITLE	C	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BENJAMIN, GEORGE	2.2 NAME	BENJAMIN, GEORGE	
STREET ADDRESS	3980 SOUTHEAST 167TH PLACE	2.3 STREET ADDRESS	10344 S.E. 110TH AVE.	
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP	CANDLER, FL. 32111	
TITLE	SV	3.1 TITLE	S	☒ Change ☐ Addition
NAME	BRIGHT, LEO G.	3.2 NAME	BRIGHT, LEO G.	
STREET ADDRESS	6491 NORTHWEST 65TH PLACE	3.3 STREET ADDRESS	6491 N.W. 65TH PLACE	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL. 34482	
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 any attachment with an address.

SIGNATURE Leo G. Bright 4/12/95 904-245-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEO G. BRIGHT

0041A3 CP