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 MAR 22 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31122 (7)

1. Corporation Name
COLVIN, INC.

Principal Place of Business	Mailing Address
109 S. PARSONS AVE. BRANDON FL	109 S. PARSONS AVE. BRANDON FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: APPLIED FOR 59-3121623 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARNELL, THOMAS E.
508 W. FLETCHER AVE.
SUITE 105
TAMPA FL 33612

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	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	COLVIN, PHYLLIS M	1.2 NAME	
STREET ADDRESS	534 CHESTNUT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
TITLE	VMD	2.1 TITLE	☐ Change ☐ Addition
NAME	COLVIN, THOMAS A	2.2 NAME	
STREET ADDRESS	534 CHESTNUT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BYERS, SABRINA M	3.2 NAME	
STREET ADDRESS	2570 MCINTOSH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BYERS, CHARLES A	4.2 NAME	Delete Charles A Byers
STREET ADDRESS	2570 MCINTOSH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	MCGREW, SERINA	5.2 NAME	
STREET ADDRESS	534 CHESTNUT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	☒ Change ☐ Addition
NAME	COLVIN, THOMAS A III	6.2 NAME	Correct to read Colvin, Thomas A II
STREET ADDRESS	534 CHESTNUT RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	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: Phyllis M. Colvin Phyllis M. Colvin 3-17-95 684-9491
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Ck # 1009 for 200 Dated 3-17-95

0284731 CR