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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:23

DOCUMENT # V33507 (7)

1. Corporation Name
FOLIUM, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
10911 BONITA BEACH RD. SE UNIT 106A BONITA SPRINGS FL 33923	10911 BONITA BEACH RD. SE UNIT 106A BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 11/10/1994
4. FEI Number: 65-0338420 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JORDAN, FLOYD L
9362 GULFSHORE DRIVE N., APT. #601
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 10911 BONITA BEACH RD SE #106
84 City: BONITA SPRINGS FL 85 Zip Code: 33923

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	D	1.1 TITLE	XX ☐ Change ☐ Addition
NAME	JORDAN, FLOYD L	1.2 NAME	
STREET ADDRESS	9362 GULFSHORE DR. N.	1.3 STREET ADDRESS	10911 Bonita Beach Rd SE #106
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bonita Springs FL 33923
TITLE	D	2.1 TITLE	XX ☐ Change ☐ Addition
NAME	JORDAN, JEFFREY R	2.2 NAME	
STREET ADDRESS	9362 GULFSHORE DR. N.	2.3 STREET ADDRESS	10911 Bonita Beach Rd SE #106
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Bonita Springs Fl 33923
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 an attachment with an address.

SIGNATURE: J. Floyd L. Jordan 1/26/95 813 495 0785
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0324006 CP