SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $270)

PROFIT 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 AUG -9 PM 2:34

DOCUMENT # V37484 (5)

1. Corporation Name
ADVANCED WALL TECH, INC.

Principal Place of Business	Mailing Address
6383 SAMOA DRIVE SARASOTA FL 34241 US	6383 SAMOA DRIVE SARASOTA FL 34241 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1992
3a. Date of Last Report: 05/11/1994

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

4. FEI Number: 65-0330679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 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

BPITWE;;. SJERRO ;/
6383 SAMOA DRIVE
SARASOTA FL 34241

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City FL 65 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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	COLEMAN, WILLIAM R.	1.2 NAME	James T. Osterling	
STREET ADDRESS	6383 SAMOA DRIVE	1.3 STREET ADDRESS	6383 Samoa Drive	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	DVST	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	BOUTWELL, SHERRI L.	2.2 NAME	Sherri L. Boutwell	
STREET ADDRESS	6383 SAMOA DRIVE	2.3 STREET ADDRESS	6383 Samoa Drive	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	Brett Thomas	
STREET ADDRESS		3.3 STREET ADDRESS	6383 Samoa Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota, FL 34241	
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		

CR2E034 (3/95)

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)(k), 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: Sherri Boutwell Sherri Boutwell 8-1-95 (941-379-3600)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166526 FP