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 MAY -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38860** **(5)**

1. Corporation Name
STEAM TEAM, INC.

Principal Place of Business	Mailing Address
4540 SOUTHSIDE BLVD. SUITE 7 JACKSONVILLE FL 32216	4540 SOUTHSIDE BLVD. SUITE 7 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 999 Blanding Blvd.	26 999 Blanding Blvd.
Suite, Apt. #, etc. 22 Suite 13	Suite, Apt. #, etc. 27 Suite 13
City & State 23 Orange Park, Fl	City & State 28 Orange Park, FL
Zip / County 24 32065 / 25 Clay	Zip / County 29 32065 / 30 Clay

4. FEI Number: 59-3125689 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCAFFREY, BRIAN E.
4540 SOUTHSIDE BLVD.
SUITE 7
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Don Dingman
82 Street Address (P.O. Box Number is Not Acceptable): 999 Blanding Blvd.
83: Suite 13
84 City: Orange Park FL 85 Zip Code: 32065

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: Don Dingman / P — 4-28-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	FLYNN, BRIAN DUFFY	12 NAME	Barbara Dingman	
STREET ADDRESS	905 SHIPWATCH DRIVE E	13 STREET ADDRESS	Rt.1 Box 596	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Sanderson, FL 32087	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	MCCAFFREY, BRIAN ERVE	22 NAME	Donald A. Dingman Sr.	
STREET ADDRESS	4004 JEBB ISLAND CIRC. W.	23 STREET ADDRESS	Rt.1 Box 596	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Sanderson, FL 32087	
TITLE	D	31 TITLE	P/T	☒ Change ☐ Addition
NAME	DINGMAN, DON	32 NAME		
STREET ADDRESS	2420 DUNDEE CT. W.	33 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	V/S	☒ Change ☐ Addition
NAME	DINGMAN, ELIZABETH	42 NAME		
STREET ADDRESS	2420 DUNDEE CT. W.	43 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Don Dingman — 4-28-95 — 272-0791
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001B219 CP