

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Governor B. Jeb Bush
 Secretary of State
 DIVISION OF CORPORATIONS

95 MAY -1 AM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3131143	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
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8. This corporation has, during, the immediately preceding 5 years, been a
Florida Statutes ☐ Yes, ☒ No.

10. Name and Address of New Registered Agent

JOHNSON, KATHY G.
13988 NE 41 TERR
SPARR FL 32192

01	Name	
02	Street Address (P.O. Box Number is Not Acceptable)	
03		
04	City	Zip Code

11. Pursuant to the provisions of *Sections 607.04(2) and 607.15(2)*, 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 holding 2001, and until the expiration of another 2001 term, Florida Statutes.

● 2010年10月1日

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[illegible]

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[illegible]

14. Therefore, I conclude that the information required with the drug is voluntarily furnished and does not apply to the exemption stated in section 101(b)(1) of the Family Code. I further state that the information does not, in the circumstances of this particular situation, represent a credit, and that any signature shall have the same legal effect as if made under oath. The fact that the information is a representation of the truth or falsity of any statement is not to be taken into account by the court in determining whether the information is required by chapter 101, Family Code, and that any signature shall have the same legal effect as if made under oath.

SIGNATURE: Kathy G. Johnson Kathy G. Johnson 4-28-95 904-732-0073
SIGNATURE AND TITLE OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR