SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 13 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001540521
-07/18/95--01102--010
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # V51113 (1)

1. Corporation Name
FME SERVICES, INC.

Principal Place of Business	Mailing Address
C/O B.E. FLIPPO 11370 TWELVE OAK WAY UNIT 611 PALM BEACH FL 33408	C/O B.E. FLIPPO 11370 TWELVE OAK WAY UNIT 611 PALM BEACH FL 33408

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business
21: 1031 Grand Isle Terr.
22: Suite, Apt. #, etc.
23: City & State: Palm Beach Gardens, FL
24: Zip: 33418
25: Country: Palm Beach

2a. Mailing Address
26: 1031 Grand Isle Terr.
27: Suite, Apt. #, etc.
28: City & State: Palm Beach Gdns, FL
29: Zip: 33418
30: Country: Palm Beach

4. FEI Number: 65-0350155 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

FLIPPO, B. E.
11370 TWELVE OAK WAY
UNIT 611
PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 1031 Grand Isle Terrace
83
84: Palm Beach Gdns FL 85: Zip Code 33418

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: B. E. Flippo 6/12/95
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	1.1 TITLE	☒ Change ☐ Addition
NAME	FLIPPO, B.E.	1.2 NAME	
STREET ADDRESS	11370 TWELVE OAK WAY	1.3 STREET ADDRESS	1031 Grand Isle Terrace
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	

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)(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: B. E. Flippo 6/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6003345 CP