SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

$61.25

PROFIT CORPORATION ANNUAL REPORT **1996**

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

Amended Report

APPROVED AND FILED
96 AUG 29 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60764** **(0)**

1. Corporation Name
SILVAWAY, INC.

500001940525
-09/06/96--01003--018
*****61.25 *****61.25

Principal Place of Business	Mailing Address
210 ARBOR DRIVE EAST PALM HARBOR FL 34683 US	210 ARBOR DRIVE EAST PALM HARBOR FL 34683 US

3. Date Incorporated or Qualified: **08/31/1992**
3a. Date of Last Report: **08/15/1995**

2. Principal Place of Business: 21 ___ Suite, Apt #, etc: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt #, etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

4. FEI Number: **59-3138934** ☐ 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**

BACON, BRAD
210 ARBOR DRIVE EAST
PALM HARBOR FL 34683

10. **Name and Address of New Registered Agent**

81 Name: Horace C. Lasater
82 Street Address (P.O. Box Number is Not Acceptable): 120 Conrad Ct.
83
84 City: Winter Park FL 85 Zip Code: 32789

X 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: Horace C. Lasater HORACE C. LASATER 8/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	PRE	☑ DELETE
NAME	BACON, BETH	
STREET ADDRESS	210 ARBOR DRIVE EAST	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPR	☑ DELETE
NAME	BACON, BRAD	
STREET ADDRESS	210 ARBOR DRIVE EAST	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	☐ DELETE
NAME	LASATER, HORACE C.	
STREET ADDRESS	120 CONRAD CT.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

X 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Horace C. Lasater HORACE C. LASATER 8/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #