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 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67765 (0)

1. Corporation Name
EUBANKS/DONIZETTI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
28870 US 19 N #230 CLEARWATER FL 34621 US	28870 US HWY 19 N #230 CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1992
3a. Date of Last Report: 02/17/1994

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: 59-3150090 ☐ 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

DONIZETTI, LARRY
2954 MAPLE CT
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Larry Donizetti
82 Street Address (P.O. Box Number is Not Acceptable): 950 Carstairs Ct.
83
84 City: Tarpon Springs FL 85 Zip Code: 34689

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	D	1.1 TITLE	C/M /D	☒ Change ☐ Addition
NAME	DONIZETTI, LARRY	1.2 NAME	Donizetti, Larry	
STREET ADDRESS	2954 MAPLE CT	1.3 STREET ADDRESS	950 Carstairs Ct.	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	EUBANKS, ROBERT	2.2 NAME	Eubanks, Bob	
STREET ADDRESS	3617 ROBLAR AVE	2.3 STREET ADDRESS	3617 Roblar Ave.	
CITY-ST-ZIP	SANTA YNEZ CA	2.4 CITY-ST-ZIP	Santa Ynez, CA 93460	
TITLE		3.1 TITLE	S/T /V/D	☐ Change ☒ Addition
NAME		3.2 NAME	Donizetti, Maria	
STREET ADDRESS		3.3 STREET ADDRESS	950 Carstairs Ct.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
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		

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: _____ 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0867943 CP