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 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # V67806 (2)

1. Corporation Name
MOUNT MAYA, INC.

Principal Place of Business	Mailing Address
16681 MCGREGOR. BLVD. #206 FT. MYERS FL 33908 US	16681 MCGREGOR. BLVD. #206 FT. MYERS FL 33908 US

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0357419 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 16541 S. Oleander Dr.	26 16541 S. Oleander Dr
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Ft Myers, FL	28 City & State: Ft Myers, FL
24 Zip: 33908 25 Country: USA	29 Zip: 33908 30 Country: USA

9. Name and Address of Current Registered Agent

CRAIG, PETER D.
7139 COLUMBIA CR.
FT. MYERS FL

10. Name and Address of New Registered Agent

81 Name: McRAE, C. HAMPTON
82 Street Address (P.O. Box Number is Not Acceptable): 16541 S. Oleander Dr.
83 #
84 City: Ft Myers FL 85 Zip Code: 33908

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: [signature] DATE: 4/26/95

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	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	MCRAE, C. HAMPTON	1 2 NAME	
STREET ADDRESS	16541 S. OLEANDER DR.	1 3 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	1 4 CITY ST ZIP	
TITLE	DV	2 1 TITLE	DELETE ☒ Change ☐ Addition
NAME	CRAIG, PETER D.	2 2 NAME	Peter D. Craig
STREET ADDRESS	7139 COLUMBIA DR.	2 3 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	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	5/1/95 usf
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)(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: [signature] C. Hampton McRae 4/26/95 (813) 454-5072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033295 CP