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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 587016 (7) 1. Corporation Name CHAPARRAL OF MONTICELLO, INC.

Principal Place of Business ROUTE 2, BOX 120 GREENVILLE FL 32331 Mailing Address ROUTE 2, BOX 120 GREENVILLE FL 32331

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified 09/20/1978 3a. Date of Last Report 04/28/1994 4. FEI Number 59-1892870 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 9. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent FINLAYSON, JOHN M. ROUTE 2, BOX 120 GREENVILLE FL 32331

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP PD WESTBROOK, I. E. JR. P.O. BOX 415 N/A MONTICELLO FL STD FINLAYSON, JOHN M RT 2 BOX 120 GREENVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 110.07(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: John M. Finlayson, Corp. Sec. 4/11/95 904/997-6203