

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAR -7 PH 1:56

DOCUMENT # **592487** (3)

1. Corporation Name  
**C. ED FESSEL REALTY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1165 SE PT ST LUCIE BLVD P.O. BOX 8448 PT ST LUCIE FL 34985-8448**

DO NOT WRITE IN THIS SPACE.

|   |  |  |  |
|---|--|--|--|
| 3. Date Incorporated or Qualified<br><b>11/06/1978</b>  |  | 3a. Date of Last Report<br><b>01/19/1994</b>           |  |
| 4. FEI Number<br><b>59-1864649</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  |  | \$8.75 Additional Fee Required                         |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees                            |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|                                    |                                    |                     |         |
|------------------------------------|------------------------------------|---------------------|---------|
| 2. Principal Place of Business     |                                    | 2a. Mailing Address |         |
| 21 <b>1149 SE PT ST LUCIE BLVD</b> | 26 <b>1149 SE PT ST LUCIE BLVD</b> |                     |         |
| Suite, Apt. #, etc.                |                                    | Suite, Apt. #, etc. |         |
| 22 City & State                    |                                    | 27 City & State     |         |
| 23 Zip                             | Country                            | 28 Zip              | Country |
| 24                                 | 25                                 | 29                  | 30      |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                             |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>COUPLAND, JOSEPH S.<br/>4400 SW COUNTRY PLACE<br/>PALM CITY FL 34990</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 85 Zip Code<br><b>FL</b>                              |  |  |  |

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 his if applicable. (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | <b>VSD</b>                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FESSEL, DENNIS K</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2077 HARDING ST</b>        | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>PORT ST LUCIE FL 34952</b> | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <b>PTD</b>                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COUPLAND, JOSEPH S</b>     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>4400 SW COUNTRY PLACE</b>  | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>PALM CITY FL 34990</b>     | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 3.2 NAME  |   |
| STREET ADDRESS             |                               | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                               | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 4.2 NAME  |   |
| STREET ADDRESS             |                               | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                               | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 5.2 NAME  |   |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                               | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE: *Joseph S. Coupland* **Joseph S. Coupland** **3/3/95** **407-335-4220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)