FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727694** **(2)**

1. Corporation Name
ECONFINA ESTATES PARK, INC.

Principal Place of Business	Mailing Address
801 FLORIDA AVE. P.O.BOX 1113 LYNN HAVEN FL 32444	801 FLORIDA AVE. P.O.BOX 1113 LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1973
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1764992

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BREAULT, TIMOTHY A
7308 LONE CEDAR DRIVE
YOUNGSTOWN FL 32466

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: Timothy A Breault — DATE: 4/20/95
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	ST	11 TITLE		☐ Change ☐ Addition
NAME	BREAULT, JOAN	12 NAME		
STREET ADDRESS	7308 LONE CEDAR DR	13 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	BREAULT, TIMOTHY	22 NAME		
STREET ADDRESS	7308 LONE CEDAR DR	23 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	JURGONSKI, ROBERT	32 NAME		
STREET ADDRESS	7255 ECONFINA ESTATES RD	33 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, PAMELA	42 NAME		
STREET ADDRESS	7617 WILLIAMS DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	DEGROFF, STEVEN	52 NAME		
STREET ADDRESS	7313 LONE CEDAR DR	53 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HARDER, HOLDEN	62 NAME		
STREET ADDRESS	5521 W. HIGHWAY 98	63 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy A Breault — 4/20/95 — (904) 265-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TIMOTHY A. BREAULT

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