

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:04

DOCUMENT # 768007 (7)
1. Corporation Name
SOUTHERN COMFORT TENANTS ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
24479 US 19 N. LOT 331 CLEARWATER FL 34623 US **24479 US 19 N LOT 331 CLEARWATER FL 34623 US**

3. Date Incorporated or Qualified **04/18/1983** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-2400139** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 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
NORRIS, JO GLEASON
24479 U.S 19 N., LOT 1020
CLEARWATER FL 34623

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 *Jo Gleason Norris* DATE **3/28/95**
Signature, type or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **WHITTAKER, JOE**
24479 US 19 N., LOT 340
CLEARWATER FL
V **CUNNINGHAM, CHARLES**
24479 U.S. 19 N., LOT 234
CLEARWATER FL
S **WHEELER, FRED A**
2479 U.S. 19 N., LOT 820
CLEARWATER FL
T **ESCOTT, CAROL**
2045 US 19 N #331
CLEARWATER FL
D **PALMETO, BRUCE**
24479 U.S. 19 N., LOT 517
CLEARWATER FL
D **KESSLER, RICHARD**
2045 US 19 N #213
CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME **JOE NEVITT**
2.3 STREET ADDRESS **24479 U.S. 19 N. LOT 715**
2.4 CITY-ST-ZIP **CLEARWATER FL 34623**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Escott* **Carol Escott** DATE **3/23/95** **813-797-1710**
Signature and typed or printed name of signing officer or director Date Telephone Number