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 APR 28 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H95564** **(1)**

1. Corporation Name

VENTURE ASSOCIATES REALTY CORPORATION

Principal Place of Business	Mailing Address
8888 SW HWY. 200 OCALA FL 34481 US	8888 SW HWY. 200 OCALA FL 34481 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1986
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business	2a. Mailing Address
21 5000 N. US Highway 27	26 5000 N. US Highway 27
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala, Florida	28 City & State: Ocala, Florida
24 Zip: 34482 / 25 Country: Marion	29 Zip: 34482 / 30 Country: Marion

4. FEI Number: 59-2632695 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAINES, TIM D. 125 N.E. FIRST AVE., STE. 1 OCALA FL 32670	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 _____ DATE
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PEARSALL, RICHARD	1.2 NAME	Pearsall, Richard	
STREET ADDRESS	8888 SW STATE RD 200	1.3 STREET ADDRESS	5000 N. US Highway 27	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	ECKMAN, HANFORD	2.2 NAME	Eckman, Hanford	
STREET ADDRESS	8888 SW STATE RD 200	2.3 STREET ADDRESS	5000 N. US Highway 27	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	VPD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ECKMAN, KENNETH	3.2 NAME	Eckman, Kenneth	
STREET ADDRESS	8888 SW STATE RD 200	3.3 STREET ADDRESS	5000 N. US Highway 27	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	EVD	4.1 TITLE	EVD	☒ Change ☐ Addition
NAME	TAIT, ARTHUR F., JR.	4.2 NAME	Tait, Arthur F., Jr.	
STREET ADDRESS	8888 SW STATE RD 200	4.3 STREET ADDRESS	5000 N. US Highway 27	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34482	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur F. Tait 4/24/95 904/732-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTHUR F. TAIT, JR., EVD

0983008 CP