

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K73740 (8)

1. Corporation Name
PULLUM, SABA AND COTTON REALTY, INC.

Principal Place of Business C/O MICHAEL PAUL SABA 3613 HIGHWAY 90 PACE FL 32571	Mailing Address C/O MICHAEL PAUL SABA 3613 HIGHWAY 90 PACE FL 32571
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**APPROVED
AND
FILED**

 95 APR 28 PM 1:15

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/16/1989		3a. Date of Last Report 01/25/1994	
4. FEI Number NOT APPLICABLE		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			

2. Principal Place of Business 21 3625 Hwy 90 Suite, Apt. #, etc.		2a. Mailing Address 26 3625 Hwy 90 Suite, Apt. #, etc.	
22 City & State Pace, FL		27 City & State Pace, FL	
23 Zip 32571	24 Country USA	28 Zip 32571	29 Country USA

9. Name and Address of Current Registered Agent SABA, MICHAEL PAUL 3613 HIGHWAY 90 PACE FL 32571	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name SABA, Michael Paul </td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 5208 Crystal Creek Dr. </td> </tr> <tr> <td>83 City Pace </td> </tr> <tr> <td>84 State FL </td> </tr> <tr> <td>85 Zip Code 32571 </td> </tr> </table>	81 Name SABA, Michael Paul	82 Street Address (P.O. Box Number is Not Acceptable) 5208 Crystal Creek Dr.	83 City Pace	84 State FL	85 Zip Code 32571
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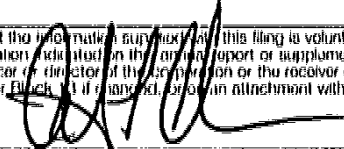
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations in Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **4-13-95**

(Signature, typed or printed name of registered agent or director if applicable. NOTE: Registered Agent signature required when necessary.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
	D	PULLUM, WILLIAM A.			
		8484 NAVARRE PKWY			
		NAVARRE FL			
TITLE	NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
	D	COTTON, DOYLE MARK			
		3613 HIGHWAY 90			
		PACE FL			
TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
	D	SABA, MICHAEL PAUL			
		3613 HIGHWAY 90			
		PACE FL			
TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS

14. I do hereby certify that the information submitted in 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 included in the 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 I am not listed as an attachment with an address.

SIGNATURE:  **Michael P. Saba** **4-13-95** **904-994-0336**

(Signature and typed or printed name of signing officer or director)