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 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K73740** **(8)**

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1989
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 3625 Hwy 90	26 3625 Hwy 90
22 Suite, Apt. #, etc.	27 Pace, FL
23 City & State: Pace, FL	28 City & State
24 Zip: 32571 25 Country: USA	29 Zip: 32571 30 Country: USA

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

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

81 Name: SABA Michael Paul
82 Street Address (P.O. Box Number is Not Acceptable): 5208 Crystal Creek Dr.
83
84 City: Pace FL 85 Zip Code: 32571

11. Pursuant to the provisions of Section 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: [signature] DATE: 4-13-95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	PULLUM, WILLIAM A.	12 NAME	
STREET ADDRESS	8484 NAVARRE PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	Director ☒ Change ☐ Addition
NAME	COTTON, DOYLE MARK	22 NAME	Cotton, Doyle Mark
STREET ADDRESS	3813 HIGHWAY 90	23 STREET ADDRESS	4937 Hamilton Bridge Rd
CITY-ST-ZIP	PACE FL	24 CITY-ST-ZIP	Pace, FL 32571
TITLE	D	31 TITLE	Director ☒ Change ☐ Addition
NAME	SABA, MICHAEL PAUL	32 NAME	SABA, Michael Paul
STREET ADDRESS	3813 HIGHWAY 90	33 STREET ADDRESS	5208 Crystal Creek Dr.
CITY-ST-ZIP	PACE FL	34 CITY-ST-ZIP	Pace, FL 32571
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: [signature] Michael P. Saba 4-13-95 904-594-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101643 CP