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 FEB 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16971 (6)

1. Corporation Name

SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1 ELEVENTH AVE SHALIMAR CENTRE' E-2 SHALIMAR FL 32579 US	1 ELEVENTH AVE SHALIMAR CENTRE' E-2 SHALIMAR FL 32579 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1986	3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2885294	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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITE, RICHARD J. 91 COUNTRY CLUB RD. SHALIMAR FL 32579	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 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	D	11 TITLE	☐ Change ☐ Addition
NAME	BOYETT, WAYNE T.	12 NAME	
STREET ADDRESS	110 DAVID STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JONES, C. WAYNE	22 NAME	
STREET ADDRESS	110 DAVID STREET	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	DONAVIN, MATTHEW W. III	32 NAME	
STREET ADDRESS	804 WEEDEN ISLAND DR.	33 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PANGLE, HERBERT W.	42 NAME	
STREET ADDRESS	80 LANMAN RD.	43 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROSE, SHERRY	52 NAME	
STREET ADDRESS	10 COUNTRY CLUB RD.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	CARNES, FREDERICK	62 NAME	
STREET ADDRESS	28 PEBBLE BEACH DR.	63 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR 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: X _____ PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B10