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 MAY 31 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005033

1. Corporation Name

ASSOCIATION MANAGEMENT CORPORATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business / Mailing Address

25040 Goldcrest Drive
Bonita Springs, FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: January 21, 1994 — 3a. Date of Last Report: Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0519203 ☐ 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

Robert W. McClure
25040 Goldcrest Drive
Bonita Springs, FL 33923

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: Robert W. McClure — 5/17/95
Signature, typed or printed name of registered agent and title if applicable (All) Registered Agent signature required when reinstating. Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: President, Robert W. McClure, 25040 Goldcrest Drive, Bonita Springs, FL 33923	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP ☐ Change ☐ Addition: 200001504012 -06/02/95--01005--015 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Secretary/Treasurer, Christy B. McClure, 25040 Goldcrest Drive, Bonita Springs, FL 33923	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition: 5/31/95 MST
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is validly 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: Robert W. McClure — 5/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT

1995

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000005183 (6)**

1. Corporate Name

J. M. GUN REPAIR, INC.

300001500973
-05/30/95--01019--016
****200.00 ****200.00

Principal Place of Business	Mailing Address
2110 WHITFIELD PARK DRIVE UNIT D - #2 SARASOTA FL 34243	112-65TH AVENUE DRIVE WEST BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/12/1994	N/A

21	26	4. FEI Number: 65-0473853	Applied For / Not Applicable
22 Suite, Apt. # or	27 Suite, Apt. # or	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 County	29 Zip / 30 County	8. Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LALOS, LEAH 406 13TH STREET WEST BRADENTON FL 34205	81 Name: JAMES D. MORRISON 82 Street Address (P.O. Box Number is Not Acceptable): 112 65TH AVENUE DRIVE WEST 83 84 City: BRADENTON FL 85 Zip Code: 34207

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: James D. Morrison (Typed or printed name of registered agent and title if agent is corporation) DATE: 5-15-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY-ST-ZIP	PRESIDENT JAMES D. MORRISON 2110 WHITEFIELD PARK DRIVE SARASOTA FL 34243. ☐ Change ☐ Addition
2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP	REMITTED BY MAY 1 ☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this report 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 above (attach additional sheet if necessary) or on an attached report with an address.

SIGNATURE: James D. Morrison 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0337474 CP