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 MAR -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026916 (4)

1. Corporation Name
CACTUS APARTMENTS, INC.

Principal Place of Business	Mailing Address
702 SOUTH RIDE TALLAHASSEE FL 32303	702 SOUTH RIDE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 515 John Knox Rd.
22: Suite, Apt. #, etc.
23: City & State: Tallahassee, Fl.
24: Zip: 32303
25: Country: Leon

2a. Mailing Address
26: 515 John Knox Rd.
27: Suite, Apt. #, etc.
28: City & State: Tallahassee, Fl.
29: Zip: 32303
30: Country: Leon

4. FEI Number: 59-3237503 ☐ 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 tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIDSON, STANLEY K
702 SOUTH RIDE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: W. Eugene Wilcox
82 Street Address (P.O. Box Number is Not Acceptable): 515 John Knox Rd.
83:
84 City: Tallahassee, Fl. FL 85 Zip Code: 32303-4417

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: W. Eugene Wilcox 2-6-95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Vice-President	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, STANLEY K	1.2 NAME	
STREET ADDRESS	702 SOUTH RIDE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
TITLE	D President	2.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, W.E.	2.2 NAME	
STREET ADDRESS	515 JOHN KNOX ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	
TITLE	D Secretary-Treas	3.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, SHARON H	3.2 NAME	
STREET ADDRESS	515 JOHN KNOX ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: W. Eugene Wilcox W. Eugene Wilcox 2-6-95 356-0144
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0026023 CP