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CORPORATION ANNUAL REPORT 1995 3.28.95 20620

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 11:51

DOCUMENT # P94000053057 (3)

1. Corporation Name
LIONSPAW MANAGEMENT AND DEVELOPMENT COMPANY, INC

Principal Place of Business	Mailing Address
P O DRAWER 879 DELAND FL 32724	P O DRAWER 879 DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1 CIRCLE OAKS TRAIL	26 1 CIRCLE OAKS TRAIL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORMOND BEACH FL	28 City & State: ORMOND BEACH FL
24 Zip: 32174 25 Country	29 Zip: 32174 30 Country

4. FEI Number: 59-3255584 ☐ 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	10. Name and Address of New Registered Agent
BOIRE, MARTIN C ~~125 E INDIANA AVE~~ ~~SUITE B~~ ~~DELAND FL 32724~~ 1 CIRCLE OAKS TRAIL ORMOND BEACH, FL 32174	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1 CIRCLE OAKS TRAIL 83 ~~ORMOND BEACH FL~~ 84 City: ORMOND BEACH FL 85 Zip Code: 32174

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: [signature] 3-23-95
(Typed or printed name of registered agent and title if applicable) (Both Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: BOIRE, MARTIN C STREET ADDRESS: 125 E INDIANA AVE SUITE B CITY ST ZIP: DELAND FL 32724-4329	11 TITLE ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS: 1 CIRCLE OAKS TRAIL 14 CITY ST ZIP: ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I/We hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE: [signature] 3-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER/DIRECTOR) Date

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