SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUN 21 AM 8:07

DOCUMENT # **S02363** **(7)**

1. Corporation Name

FOUNDERS FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
800 LAUREL OAK DRIVE #102 NAPLES FL 33963	800 LAUREL OAK DRIVE #102 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0174686** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / County (25) / Zip (29) / Country (30)
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
GUNLICKS, WILLIAM L. 800 LAUREL OAK DRIVE NAPLES FL	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 _____ 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	~~ST~~	11 TITLE	S/AT	☒ Change ☐ Addition
NAME	~~SHARON RICHARD~~	12 NAME	HEATH, PATRICIA M.	
STREET ADDRESS	~~[illegible]~~	13 STREET ADDRESS	19591 Little Lane	
CITY-ST-ZIP	~~[illegible]~~	14 CITY-ST-ZIP	Alva, FL 33920	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	D'ARCANGELO, MARK	22 NAME		
STREET ADDRESS	2171 GULF SHORE BLVD N #604	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE	D	☒ Change ☐ Addition
NAME	~~GEORGE, ROBERT B.~~	32 NAME	LLEWELLYN, LEONARD F.	
STREET ADDRESS	~~[illegible]~~	33 STREET ADDRESS	852 BALD EAGLE DRIVE	
CITY-ST-ZIP	~~[illegible]~~	34 CITY-ST-ZIP	MARCO ISLAND, FL 33937	
TITLE	DPC	41 TITLE		☐ Change ☐ Addition
NAME	GUNLICKS, WILLIAM L.	42 NAME		
STREET ADDRESS	1977 GULF SHORE BLVD N 601	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	WERTH, PAUL M.	52 NAME		
STREET ADDRESS	~~[illegible]~~	53 STREET ADDRESS	10691 GULF SHORE DRIVE	
CITY-ST-ZIP	NAPLES FL 33963	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JOHN M., JR	62 NAME		
STREET ADDRESS	1150 GALLEON DR.	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	64 CITY-ST-ZIP		

CR2E094 (3/95)

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: Patricia M. Heath 6/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

PATRICIA M. HEATH, SECY. — Daytime Phone # **941 433 3600**

01C0120 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
STATE

DOCUMENT # **S02747** **(1)**

1. Corporation Name

STANFORD GROVES SOUTH, INC.

Principal Place of Business	Mailing Address
190 TEMPLE GROVE DRIVE WINTER GARDEN FL 34787	190 TEMPLE GROVE DRIVE WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/13/1990**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-3033217** ☐ 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 [illegible] for exemption tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MASHBURN, ERIC S.
102 E. MAPLE STREET
WINTER GARDEN FL 34787

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 _____ 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	STANFORD, DAVID J.	12 NAME	
STREET ADDRESS	190 TEMPLE GROVE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	WINGER GARDEN FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LUMMUS, ROBERT A.	22 NAME	
STREET ADDRESS	125 STARR STREET	23 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STANFORD, FRANCES S.	32 NAME	
STREET ADDRESS	190 TEMPLE GROVE DR.	33 STREET ADDRESS	
CITY ST ZIP	WINGER GARDEN FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LUMMUS, CATHERINE S.	42 NAME	
STREET ADDRESS	125 STARR STREET	43 STREET ADDRESS	
CITY ST ZIP	OAKLAND FL	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	

CR2E034 (3/95)

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: [signature] 6-14-95 407-656-3627
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0171202 FP