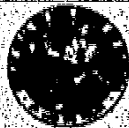


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # S77030 (2)

1. Corporation Name

608 CENTRAL BOULEVARD DEVELOPERS, INC.

95 APR 19 AM 1:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**608 EAST CENTRAL BLVD.
ORLANDO FL 32801**

Mailing Address

**608 EAST CENTRAL BLVD.
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/30/1991

3a. Date of Last Report
04/28/1994

4. FEI Number
59-3084161

Applied For:
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSELL, GARY
608 EAST CENTRAL BLVD.
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
RUSSELL, GARY
608 EAST CENTRAL BLVD.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HILL, CAREY L.
608 EAST CENTRAL BLVD.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
SLEMONS, WILLIAM M. III
608 EAST CENTRAL BLVD.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
CASEY, DENNIS J.
608 EAST CENTRAL BLVD.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
MYLREA, BRUCE W.
608 EAST CENTRAL BLVD.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or as an attachment with a new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Slemons, III

4/5/95

407-423-1073

Mylena Hixson

0000013 CP