## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # M69402 (9)1. Corporation Name COUNTY CROSSINGS AT FOXWOOD, INC. Principal Place of Business Mailing Address 121 N OSCEOLA AVE 121 N OSCEOLA AVE 121 N. OSCEOLA AVE 121 N. OSCEOLA AVE CLEARWATER FL 34615-4031 CLEARWATER FL 34615-4031 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1988 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Ζip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARNOLD, LEE E. 82 Street Address (P.O. Box Number is Not Acceptable) 121 N. OSCEOLA AVE. **CLEARWATER FL 34698** 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent is gnature required when reinstating DATE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 Title Change Addition ARNOLD, LEE E. NAME 1.2 NAME 121 N. OSCEOLA AVE. STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5. 1 TILLE Addition ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DEL ETE 6.1 TrTLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 14. I do hereby certify that the information supported with this film certify that the information indicated on his annual report or oath; that I am an officer or director of the corporation of the appears in Block 12 or Block 13 if changed, or on a set of the corporation of the starily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further stall provide the same legal effect as if made under trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an address.

LEE E ARNOLD JR

OB AINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: