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 MAY -1 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 137143 (4)

1. Corporation Name
CIVIC INVESTMENTS, INC.

Principal Place of Business
114 HARRISON STREET
COCOA FL 32922

Mailing Address
P. O. DRAWER 250
COCOA FL 32923-0250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1939
3a. Date of Last Report: 10/11/1994
4. FEI Number: 59-6059272 ☐ 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

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 County 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SHEPARD, WALTER C JR
114 HARRISON STREET
COCOA FL 32922

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 ______ (Registered Agent) ______ DATE

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	D
NAME	SHEPARD, JR. WALTER C.
STREET ADDRESS	114 HARRISON ST
CITY-ST-ZIP	COCOA, FL 00000
TITLE	STD
NAME	DEES, DEBORAH K
STREET ADDRESS	114 HARRISON ST.
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	CROWE, ZORA M
STREET ADDRESS	114 HARRISON ST.
CITY-ST-ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
11 TITLE		☐	☐
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		☐	☐
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		☐	☐
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐	☐
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐	☐
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐	☐
62 NAME			
63 STREET ADDRESS			
64 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: Walter C. Shepard Jr (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/17/95 (DATE) 407-636-7711 (Daytime Phone)

0420202 FF