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 APR 27 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 212335 (4)

1. Corporation Name
4675 NORTH TAMIAMI TRAIL CORP INC

Principal Place of Business	Mailing Address
1487 2ND ST., STE.E SUITE 206 SARASOTA FL 34230	1487 2ND ST., STE.E SUITE 206 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1958
3a. Date of Last Report: 05/24/1994

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

4. FEI Number: 59-0856117 — 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
JOHNSTON, WILLIAM DOUGLAS 2055 WOOD STREET SUITE 206 SARASOTA FL 34237	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 1487 2nd St. - Suite E 83: 84 City: SARASOTA, FL 85 Zip Code: 34236

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 _____ 4-22-1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, DAVID	1.2 NAME	
STREET ADDRESS	1487 2ND ST., STE. E	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, DOUGLAS	2.2 NAME	
STREET ADDRESS	1487 2ND ST., STE. E	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, WALLACE	3.2 NAME	
STREET ADDRESS	1487 2ND ST., STE. E	3.3. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	HODGSON, GEORGE	4.2 NAME	
STREET ADDRESS	1487 2ND ST., SUITE 3	4.3 STREET ADDRESS	Suite E
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	HEAD, FRANCES D.
STREET ADDRESS		5.3 STREET ADDRESS	1487 2nd St., Suite E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Johnston — 4-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

WILLIAM D. JOHNSTON

0141813 CP