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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:31

DOCUMENT # 226407 (5)

1. Corporation Name
NEUKOM PROPERTIES, INC.

Principal Place of Business	Mailing Address
FAIRVIEW HEIGHTS RD ZEPHYRHILLS FL 33539 US	PO BOX 1647 ZEPHYRHILLS FL 33539 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1959
3a. Date of Last Report: 01/31/1994

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: 59-6058187 ☐ 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

NEUKOM, ANN BROOKE
38444 5TH AVENUE (MAILING ADDRESS)
7645 GREENSLOPE DRIVE (OFFICE IN HOME)
ZEPHRYHILLS FL 33540

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NEUKOM JR,GEORGE A	1.2 NAME	
STREET ADDRESS	38444 5TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYHILLS FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	NEUKOM, ANN BROOKE	2.2 NAME	
STREET ADDRESS	38444 5TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	OAKLEY, TAMARA NEUKOM	3.2 NAME	
STREET ADDRESS	PO BOX 4170 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	NEUKOM, GEORGE A., III	4.2 NAME	
STREET ADDRESS	38444 5TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 above, or on an attachment with an address.

SIGNATURE: George A. Neukom, Jr., Pres. January 18, 1995 813 782 2834
SIGNATURE AND TITLE OF PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Neukom Properties, Inc.

0440875 FP