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 MAR 17 AM 10:08

DOCUMENT # 264568 (7)

1. Corporation Name
SPANISH GRANT ESTATES, INC.

Principal Place of Business	Mailing Address
5050 EDGEWOOD COURT JACKSONVILLE FL 32205-3001	5050 EDGEWOOD COURT JACKSONVILLE FL 32205-3001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1962
3a. Date of Last Report: 04/05/1994

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) 32254 Country (25)
Zip (29) 32254 Country (30)

4. FEI Number: 59-1022186 ☐ 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

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

9. Name and Address of Current Registered Agent

SKELTON, H.J.
5050 EDGEWOOD COURT
JACKSONVILLE FL 32205
32254

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 _____ 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	DV	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DOROTHY D	1.2 NAME		
STREET ADDRESS	1016 FT MASON DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP		
TITLE	VAS	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, HD	2.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL	2.4 CITY-ST-ZIP		
TITLE	VT	3.1 TITLE		☐ Change ☐ Addition
NAME	SKELTON, H.J.	3.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL	3.4 CITY-ST-ZIP		
TITLE	ASV	4.1 TITLE	DVAS	☒ Change ☐ Addition
NAME	DAVIS, ROBERT D.	4.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, A. DANO	5.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL	5.4 CITY-ST-ZIP		
TITLE	SAT	6.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, G.P. JR	6.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL	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)(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: G.P. Bishop Jr. G.P. Bishop, JR. 3-6-95 (904) 783-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020437 CP