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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 264568 (7)

1. Corporation Name

SPANISH GRANT ESTATES, INC.



Principal Place of Business

5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US

Mailing Address

5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 2088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Jacksonville, FL

Zip

Country

Zip

Country

24

25

29

32203

30

Duval

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent Signature required when replacing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME SMITH, DOROTHY D
STREET ADDRESS 1016 FT MASON DR.
CITY-STATE-ZIP EUSTIS FL

TITLE VAS ☐ DELETE

NAME FRANCIS, HD
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-STATE-ZIP JACKSONVILLE FL

TITLE VT ☐ DELETE

NAME SKELTON, H.J.
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-STATE-ZIP JACKSONVILLE FL

TITLE DVAS ☐ DELETE

NAME DAVIS, ROBERT D.
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-STATE-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE

NAME DAVIS, A. DANO
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-STATE-ZIP JACKSONVILLE FL

TITLE SAT ☐ DELETE

NAME BISHOP, G.P. JR
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-STATE-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME Clowe, D.C.
STREET ADDRESS 5050 Edgewood Ct.
CITY-STATE-ZIP Jacksonville, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

500001764305

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***200.00

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:

G.P. Bishop, Jr.

G.P. Bishop, Jr.

4-1-96

(904)783-5314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)