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 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **285808** **(2)**

1. Corporation Name
MELBOURNE DEVELOPMENT ASSOCIATES,INC.

Principal Place of Business	Mailing Address
820 E UNIVERSITY BLVD MELBOURNE FL 32901-7126	820 E UNIVERSITY BLVD MELBOURNE FL 32901-7126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/09/1964**
3a. Date of Last Report: **06/14/1994**

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: **59-1093004** ☐ 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

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

9. Name and Address of Current Registered Agent

ALLEN, WAYNE L.
700 N WICKHAM RD
STE. 107
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: VIRGIL SIMPSON
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: 2839 LAWRERENCE CIRCLE MELBOURNE — FL — 85 Zip Code: 32901

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: Virgil L. Simpson
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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MONTGOMER, GERTRUDE	1.2 NAME	JONATHAN WORSHAM	
STREET ADDRESS	2938 LAWRENCE DR.	1.3 STREET ADDRESS	279 OLEANDER PLACE	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32074	
TITLE	VD	2.1 TITLE	V/S/T/D	☒ Change ☐ Addition
NAME	WORSHAM, JONATHAN	2.2 NAME	DORIS JEFFERSON	
STREET ADDRESS	279 OLEANDER PLACE	2.3 STREET ADDRESS	2837 COLBERT CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	STD	3.1 TITLE	R/S/D - Linda Taylor	☒ Change ☐ Addition
NAME	TAYLOR, LINDA	3.2 NAME	820 E. UNIVERSITY BLVD	
STREET ADDRESS	820 E. UNIVERSITY BLVD	3.3 STREET ADDRESS	MELBOURNE, FL 32901	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	D	☒ Change ☐ Addition
NAME		4.2 NAME	GERTUDE MONTGOMERY	
STREET ADDRESS		4.3 STREET ADDRESS	3117 SWIFT DRIVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
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)(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: Linda Taylor - Recording Secretary/Director 4-24-95 407-424-4045
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA Taylor

041015 FP