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 FEB 27 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **320831** **(1)**

1. Corporation Name
PALAFOX PROPERTIES INC

Principal Place of Business	Mailing Address
6385 PENSACOLA BLVD PENSACOLA FL 32505-1901	6385 PENSACOLA BLVD PENSACOLA FL 32505-1901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1967**
3a. Date of Last Report: **02/03/1994**

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: **59-1211396** ☐ 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

LEE,WINSTON Q
6385 PENSACOLA BLVD
PENSACOLA FL 32506

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 32505

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 and title if applicable) (NOTE: Registered Agent signature required when indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☒ Change ☐ Addition
NAME	LEE,WINSTON Q	12 NAME	LEE, WINSTON Q.
STREET ADDRESS	6385 PENSACOLA BLVD.	13 STREET ADDRESS	6385 PENSACOLA BLVD.
CITY-ST-ZIP	PENSACOLA FL	14 CITY ST ZIP	PENSACOLA, FL 32505
TITLE	D	21 TITLE	P ☒ Change ☐ Addition
NAME	LEE,DAVID R	22 NAME	LEE, DAVID
STREET ADDRESS	6385 PENSACOLA BLVD.	23 STREET ADDRESS	6385 PENSACOLA BLVD.
CITY-ST-ZIP	PENSACOLA FL	24 CITY ST ZIP	PENSACOLA, FL 32505
TITLE	S	31 TITLE	V/S/T ☒ Change ☐ Addition
NAME	LEE, WILLIAM A.	32 NAME	LEE, WILLIAM A.
STREET ADDRESS	6385 PENSACOLA BLVD.	33 STREET ADDRESS	6385 PENSACOLA BLVD.
CITY-ST-ZIP	PENSACOLA FL	34 CITY ST ZIP	PENSACOLA, FL 32505
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 S... 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... 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; ... my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x David R. Lee — x 2-22-95 — x 904-476 2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0389261 CP