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 MAR -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 333495 (0)

1. Corporation Name

SHADOWLAWN FARMS, INCORPORATED

Principal Place of Business	Mailing Address
225 WATER ST STE 2175 JACKSONVILLE FL 32202 US	P O BOX 299 JACKSONVILLE FL 32201-0299 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1968
3a. Date of Last Report: 04/28/1994

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: 59-1271034 ☐ 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

MYERS, JUNE R.
225 WATER ST STE 2175
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: John C. Myers, III
82 Street Address (P.O. Box Number is Not Acceptable): 225 Water Street
83: Suite 2175
84 City: Jacksonville FL 85 Zip Code: 32202

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: John C Myers III (Signature of, or printed name of, registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/27/94

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	KUHN, JAMES P.	12 NAME		
STREET ADDRESS	225 WATER ST #2175	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	D	☒ Change ☐ Addition
NAME	MYERS, JUNE R.	22 NAME		
STREET ADDRESS	225 WATER ST #2175	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	GIEBEIG, LEAH B.	32 NAME		
STREET ADDRESS	225 WATER ST #2175	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BRYAN, MARGARET P.	42 NAME		
STREET ADDRESS	225 WATER ST #2175	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	PD	☐ Change ☒ Addition
NAME		52 NAME	John C. Myers, III	
STREET ADDRESS		53 STREET ADDRESS	225 Water Street #2175	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		61 TITLE		☐ Change ☐ Addition
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 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: Leah B Gibeig Leah B. Gibeig 2-27-95 904-354-2359
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytime Phone #)

0404052 FP