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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 354976

1. Corporation Name
CARRIAGE VILLA INC

300001478273
-05/08/95--01022--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
#100 PONCE DELEON BLVD. P.O. BOX-1333 DELEON SPRINGS FL 32130	#100 PONCE DELEON BLVD. P.O. BOX-1333 DELEON SPRINGS FL-32130
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

3. Date Incorporated or Qualified: 10/6/1969
3a. Date of Last Report: 5-12-1994
4. FEI Number: 59-1314446 ☐ 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

DONALD V. STEVENSON
100 PONCE DELEON BLVD.
~~P.O. BOX-536~~
DELEON SPRINGS FL-~~32130~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O Box Number is Not Acceptable)
83 ~~Note - Postoffice Changed Zip To~~
84 City FL 85 Zip Code ~~32130~~

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 reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	STEVENSON, DONALD V.
STREET ADDRESS	1- PONCE DELEON BLVD-
CITY ST ZIP	DELEON SPRINGS, FLA
TITLE	V/P
NAME	STEVENSON - DONALD JR.
STREET ADDRESS	1- PONCE DELEON BLVD.
CITY ST ZIP	DELEON SPRINGS, FL.
TITLE	S/T
NAME	STEVENSON - EDWARD E.
STREET ADDRESS	807 - VERNON DR.
CITY ST ZIP	JACKSONVILLE N.C.
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP	TAW 5-1-95	☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		☐ Change ☐ Addition

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: [signature] PRES. APRIL 7, 1995 904-985-4975 803-635-2178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #