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 -3 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 398771 (6)

1. Corporation Name
GREENBRIAR REALTY #1, INC.

Principal Place of Business	Mailing Address
~~P O BOX 1270~~ FT PIERCE FL 34954	P O BOX 1270 FT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1972
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 311 S. Second St.
Suite, Apt. #, etc. 22
City & State 23
Zip 24 34950
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29
Country 30

4. FEI Number: 59-1554274 ☐ 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

LLOYD, ROBERT M
311 SOUTH SECOND STREET
FT.PIERCE FL 34950

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change	☐ Addition
NAME	NEILL, RICHARD V	1.2 NAME		
STREET ADDRESS	311 SOUTH SECOND STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 0	1.4 CITY-ST-ZIP	34950	
TITLE	VD	2.1 TITLE	☒ Change	☐ Addition
NAME	GRIFFIN, CHESTER B.	2.2 NAME		
STREET ADDRESS	311 SOUTH SECOND ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000	2.4 CITY-ST-ZIP	34950	
TITLE	S	3.1 TITLE	☒ Change	☐ Addition
NAME	JEFFRIES, MICHAEL	3.2 NAME		
STREET ADDRESS	311 SOUTH SECOND ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000	3.4 CITY-ST-ZIP	34950	
TITLE	D	4.1 TITLE	☒ Change	☐ Addition
NAME	LLOYD, ROBERT M	4.2 NAME		
STREET ADDRESS	311 SOUTH SECOND STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 0	4.4 CITY-ST-ZIP	34950	
TITLE	D	5.1 TITLE	☒ Change	☐ Addition
NAME	JEFFRIES, MICHAEL	5.2 NAME		
STREET ADDRESS	311 SOUTH SECOND ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000	5.4 CITY-ST-ZIP	34950	
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: _____ 3/27/95 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0403983 FP