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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 # **416783** **(9)**

1. Corporation Name

PALM COAST HOME REALTY, INC.

900001473029
-05/03/95--01061--002
***4050.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32051	EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32051

3. Date Incorporated or Qualified: **01/15/1973**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-1878144** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (Signature, typed or printed name of registered agent and title of officer(s)) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	11 TITLE	VD	☒ Change ☐ Addition
NAME	GARDNER, JAMES E.	12 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	13 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	14 CITY ST ZIP		
TITLE	~~VD~~	21 TITLE	PD	☒ Change ☐ Addition
NAME	BUTLER, SAMUEL JR.	22 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	24 CITY ST ZIP		
TITLE	~~TD~~	31 TITLE	TD	☒ Change ☐ Addition
NAME	ARMOUR, WILLIAM	32 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	33 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	CUFF, ROBERT G.	42 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	44 CITY ST ZIP		
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	~~WARREN, CHARLES, V.~~	52 NAME	White, William A.	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	53 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	SP511	
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: _____ **ROBERT G. CUFF, JR.** 4/24/95 (904) 445-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0402616 FP