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CORPORATION ANNUAL REPORT
**1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 12:19

DOCUMENT # **446528** **(2)**

1. Corporation Name
**PLYMOUTH ROCK REALTY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 25445 STATE ROAD 46<br>SORRENTO FL 32776-6429 | 25445 STATE ROAD 46<br>SORRENTO FL 32776-6429 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1974**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1512059** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

PAIT, STACEY L
2223 E. CROOKED LAKE DRIVE
EUSTIS FL 32726

**10. Name and Address of New Registered Agent**

81 Name: Pait, Stacey L.
82 Street Address (P.O. Box Number is Not Acceptable): 1955 Magnolia Circle, Unit 55C
83
84 City: Tavares FL 85 Zip Code: 32778

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: Stacey L. Pait, President — 3-17-95
(Signature, type or print name of registered agent and title if corporation) (Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PTD | 11 TITLE | PTD | ☒ Change ☐ Addition |
| NAME | PAIT, STACEY L. | 12 NAME | Pait, Stacey L. | |
| STREET ADDRESS | 2223 E CROOKED LK DR. | 13 STREET ADDRESS | 1955 Magnolia Circle, Unit 55C | |
| CITY ST ZIP | EUSTIS FL | 14 CITY ST ZIP | Tavares, Fl 32778 | |
| TITLE | VS | 21 TITLE | VS | ☒ Change ☐ Addition |
| NAME | PAIT, STACEY L. | 22 NAME | Pait, Stacey L. | |
| STREET ADDRESS | 2223 E CROOKED LK DR. | 23 STREET ADDRESS | 1955 Magnolia Circle, Unit 55C | |
| CITY ST ZIP | EUSTIS FL | 24 CITY ST ZIP | Tavares, FL 32778 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| 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 ☐ 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 added by this document with my address.

**SIGNATURE:** Stacey L. Pait, President 3-17-95 904-383-6092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061213 CP