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 MAY -1 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **501235** **(6)**

1. Corporation Name

WAKULLA MANOR, INC.

Principal Place of Business	Mailing Address
ONE SEAGATE ATTENTION TAX 22 TOLEDO OH 43604-2616 US	ONE SEAGATE ATTENTION TAX 22 TOLEDO OH 43604-2616 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1976
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 Hwy 319 at Medart	26 P.O. Box 549
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Crawfordville, FL	28 Crawfordville, FL
24 Zip 32326 / 25 Country Wakulla	29 Zip 32326 / 30 Country Wakulla

4. FEI Number: 59-1674585 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

91 Name: MS. CARLA GREEN
82 Street Address (P.O. Box Number is Not Acceptable): 227 S. CALHOUN
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Carla Anne Green — Carla Anne Green — 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	11 TITLE	P/D	☒ Change ☐ Addition
NAME	MEYERS, GEOFFREY G	12 NAME	Freddie Franklin	
STREET ADDRESS	ONE SEAGATE	13 STREET ADDRESS	Hwy 319 at Medart	
CITY-ST-ZIP	TOLEDO OH	14 CITY-ST-ZIP	Crawfordville, FL 32326	
TITLE	AT	21 TITLE	S/D	☒ Change ☐ Addition
NAME	REMENAR, JOHN I.	22 NAME	Lawrence Cummings	
STREET ADDRESS	ONE SEAGATE	23 STREET ADDRESS	2 South St., Ste 360	
CITY-ST-ZIP	TOLEDO OH	24 CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	PD	31 TITLE	T/D	☒ Change ☐ Addition
NAME	ORMOND, PA	32 NAME	Joseph D. Mitchell	
STREET ADDRESS	ONE SEAGATE	33 STREET ADDRESS	2851 Remington Green Cr.,Ste D	
CITY-ST-ZIP	TOLEDO OH	34 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VPD	41 TITLE	VPD	☒ Change ☐ Addition
NAME	WEIKEL, M. KEITH	42 NAME	N/A not applicable, position deleted.	
STREET ADDRESS	ONE SEAGATE	43 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH	44 CITY-ST-ZIP		
TITLE	ASA	51 TITLE	ASA	☒ Change ☐ Addition
NAME	GEHRICH, D.L.	52 NAME	N/A Not applicable, position deleted.	
STREET ADDRESS	ONE SEAGATE	53 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH	54 CITY-ST-ZIP		
TITLE	AT	61 TITLE	AT	☒ Change ☐ Addition
NAME	HAAG, DOUGLAS G.	62 NAME	N/A not applicable, position deleted.	
STREET ADDRESS	ONE SEAGATE	63 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH	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: Joseph D. Mitchell — JOSEPH D. MITCHELL — 4/24/95 — (904) 386-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384733 CP