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

95 APR 26 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **518806** **(5)**

1. Corporation Name
SYLVANIA CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2498 INDIAN SPRINGS RD. MARIANNA FL 32446	2498 INDIAN SPRINGS RD. MARIANNA FL 32446

3. Date Incorporated or Qualified: **11/19/1976**
3a. Date of Last Report: **08/22/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1776608** ☐ 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

HARRISON, III C C
2498 INDIAN SPRINGS ROAD
MARIANNA FL 32446

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	PD	1.1 TITLE	☒ Change	☐ Addition
NAME	HARRISON JR, C C	1.2 NAME		
STREET ADDRESS	700 W LAFAYETTE STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	☒ Change	☐ Addition
NAME	COWEN JR, ROBERT C	2.2 NAME	Delete	
STREET ADDRESS	214 DANIELS STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	☒ Change	☐ Addition
NAME	HUFF, CAROLYN	3.2 NAME	Delete	
STREET ADDRESS	2524 THICKET RIDGE COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	☒ Change	☐ Addition
NAME	MIXSON, WAYNE	4.2 NAME	Delete	
STREET ADDRESS	2219 DEMERON RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	☐ Change	☐ Addition
NAME	HARRISON, C C III	5.2 NAME		
STREET ADDRESS	2498 INDIAN SPRINGS RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP		
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 added in attachment with an address.

SIGNATURE: _____ 4-19-95 904-526-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041125 FP