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 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **543519** **(3)**

1. Corporation Name

FIRST PROPERTY MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
240 S PINEAPPLE AVE P.O. BOX 2776 SARASOTA FL 34236	50 N LAURA ST ~~[illegible]~~ MC 099-000-1812 JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 08/22/1977
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 59-1760790 ☐ 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

HEAD, JAMES A
50 N LAURA STREET
~~MC 000-000-0000~~ MC 099-000-1812
JACKSONVILLE FL 32202

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	~~IVAG, RICHARD T.~~	1.2 NAME	GIANNOLA, RICH	
STREET ADDRESS	~~600 ROCKLEY BLVD.~~	1.3 STREET ADDRESS	240 SOUTH PINEAPPLE	
CITY-ST-ZIP	~~VENICE FL~~	1.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~WIENKE, DONALD E.~~	2.2 NAME	ANDERSON, RICK	
STREET ADDRESS	~~600 ROCKLEY BLVD.~~	2.3 STREET ADDRESS	1000 CENTURY PARK DRIVE	
CITY-ST-ZIP	~~VENICE FL~~	2.4 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	JARBOE, LLOYD ALLEN JR	3.2 NAME		
STREET ADDRESS	50 N LAURA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	SVP	4.1 TITLE		☐ Change ☐ Addition
NAME	HEAD, JAMES A	4.2 NAME		
STREET ADDRESS	50 N LAURA ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, REBECCA	5.2 NAME		
STREET ADDRESS	240 S. PINEAPPLE AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	TVP	6.1 TITLE		☐ Change ☐ Addition
NAME	BELTRAM, BILLIE A	6.2 NAME		
STREET ADDRESS	600 ROCKLEY BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	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: _____ James A. Head (904) 791-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary and Vice President — 4/5/95

0018077 CP