SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:20

DOCUMENT # **576903** **(9)**

1. Corporation Name

SANTA FE REALTY, INC.

Principal Place of Business	Mailing Address
OAKS PLAZA 650 SANTA FE BLVD HIGHWAY 441 HIGH SPRINGS FL 32643	OAK PLAZA P.O. BOX 1214 HIGH SPRINGS FL 32643 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1978
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 110 NE 1st Avenue
22 Suite, Apt. #, etc.: High Springs FL
23 City & State: 32643
24 Zip
25 Country: Alachua

2a. Mailing Address
26: P.O. Box 728
27 Suite, Apt. #, etc.: High Springs
28 City & State: FL
29 Zip: 32643
30 Country: Alachua

4. FEI Number: 59-1833894 ☐ 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

BARNES, MARTHA
OAKS PLAZA, 650 SANTA FE BLVD.
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name: Lorraine Handler
82 Street Address (P.O. Box Number is Not Acceptable): 110 NE 1st Avenue
83: High Springs FL
84 City: FL 85 Zip Code: 32643

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: Lorraine Handler
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	BARNES, MARTHA	12 NAME	Lorraine Handler	
STREET ADDRESS	RT 1, BOX 140 R	13 STREET ADDRESS	110 NE 1st Avenue	
CITY-ST-ZIP	HIGH SPRINGS FL	14 CITY-ST-ZIP	High Springs FL 32643	
TITLE	D	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	BARNES, WALLACE ROY	22 NAME	Martha Barnes	
STREET ADDRESS	RT. 1, BOX 140 R	23 STREET ADDRESS	110 NE 1st Avenue	
CITY-ST-ZIP	HIGH SPRINGS FL	24 CITY-ST-ZIP	High Springs FL 32643	
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		

CR2E034 (3/95)

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: Lorraine Handler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130830 FP