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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:16

DOCUMENT # **630474** **(5)**

1. Corporation Name
COACHWOOD EAST, INC.

Principal Place of Business	Mailing Address
2358 SOUTH STREET LEESBURG FL 34748-6461	~~2358 SOUTH STREET~~ ~~LEESBURG FL 34748-6461~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/23/1979**
3a. Date of Last Report: **06/09/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 205 No. Blvd W.
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LEESBURG FL
Zip / Country 24 / 25	Zip / Country 29 34748 / 30 LAKE

4. FEI Number: **59-1926176** ☐ 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	10. Name and Address of New Registered Agent
WATKINS, SAMUEL G. **2358 SOUTH STREET** **LEESBURG FL 32748** New mailing address →	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 205 No. Blvd W 83 84 City: LEESBURG **FL** 85 Zip Code: 34748

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	V	11 TITLE	V.P. ☒ Change ☐ Addition
NAME	WATKINS, SAM	12 NAME	SAM WATKINS
STREET ADDRESS	2358 SOUTH STREET	13 STREET ADDRESS	205 NORTH BLVD W.
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	TP	21 TITLE	☒ Change ☐ Addition
NAME	STOUTAMEYER, JULIAN	22 NAME	
STREET ADDRESS	6024 SHORE ACRES DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ALDERMAN, JAMES F	32 NAME	
STREET ADDRESS	5125 MANATEE AVE W	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	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 on an attachment with an address.

SIGNATURE: _____ V.P. 3/28/95 904-787-1553
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0442870 FP