FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **647772** **(3)**

1. Corporation Name
LIVING DEVELOPMENTS, INC.

Principal Place of Business
18271 SW 95TH STREET
P.O. BOX 746
DUNNELLON FL 32630

Mailing Address
18271 SW 95TH STREET
P.O. BOX 746
DUNNELLON FL 32630

3. Date Incorporated or Qualified: 12/11/1979
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business
21 606 S.W. 2nd Avenue
Suite, Apt. #, etc.
22
City & State
23 Ocala, FL
Zip 24 34474 Country 25 US

2a. Mailing Address
26 606 S.W. 2nd Avenue
Suite, Apt. #, etc.
27
City & State
28 Ocala, FL
Zip 29 34474 Country 30 US

4. FEI Number: 59-1960382 ☐ 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
ROBERTS, EDGAR S.
606 S.W. 2ND AVE.
OCALA FL 32671

10. Name and Address of New Registered Agent
81 Name: TERRY S. ROBERTS
82 Street Address (P.O. Box Number is Not Acceptable): 606 S.W. 2nd Avenue
83
84 City: Ocala FL 85 Zip Code: 34474

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 X [signature] TERRY S. ROBERTS X 6-21-96
Signature (typed or printed name of registered agent, title if applicable) — (NEW Registered Agent signature required below for filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	ROBERTS, TERRY	
STREET ADDRESS	450 SW 210TH AVENUE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	ST	☒ DELETE
NAME	ROBERTS, MAMIE	
STREET ADDRESS	606 S.W. 2ND AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	P	☒ DELETE
NAME	ROBERTS, EDGAR S	
STREET ADDRESS	606 S W 2ND AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	☐ DELETE
NAME	ROBERTS, KENNETH	
STREET ADDRESS	4041 S.E. 17 STREET	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	TERRY S. ROBERTS	
1.3 STREET ADDRESS	606 S.W. 2nd Avenue	
1.4 CITY-ST-ZIP	Ocala, FL 34474	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VSTD	☒ Change ☐ Addition
4.2 NAME	KENNETH E. ROBERTS	
4.3 STREET ADDRESS	4041 S.E. 17th Street	
4.4 CITY-ST-ZIP	Ocala, FL 34471	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k) 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: X [signature] TERRY S. ROBERTS X 6-21-96 (352) 622-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)