FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

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

P95000055604

APPROVED AND FILED

95 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660577 (8)

1. Corporation Name

WOODMERE PROPERTIES, INC.

Principal Place of Business	Mailing Address
7800 BELLFORT PKY. #100 PO BOX 19000 JACKSONVILLE FL 32247-7529 US	7800 BELLFORT PKY. #100 PO BOX 19000 JACKSONVILLE FL 32247-7529 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1980

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 59-2104707 ☐ 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

KIRSCHNER, MAIN, PETRIE, GRAHAM & TANNER
ONE INDEPENDENT DR
SUITE 2000
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	P	11 TITLE	☐ Change ☐ Addition
NAME	SALEM, EDWARD B	12 NAME	
STREET ADDRESS	7800 BELLFORT PKY, #100	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, J STEVEN	22 NAME	
STREET ADDRESS	7800 BELLFORT PKY, #100	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	KIRSCHNER, KENNETH M.	32 NAME	
STREET ADDRESS	ONE INDEPENDENT DR SUITE 2000	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☑ Change ☐ Addition
NAME	ROBINSON, M KATHLEEN	42 NAME	
STREET ADDRESS	7800 BELFORT PKWY, SUITE 100	43 STREET ADDRESS	Delete from list
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	GILSTRAP, SUZANNE T.	52 NAME	
STREET ADDRESS	7800 BELFORT PARKWAY	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	BAJALIA, GEORGE A.	62 NAME	
STREET ADDRESS	7800 BELFORT PARKWAY	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 any attachment with blank address.

SIGNATURE: Edward B. Salem 4/27/95 (904) 201-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Edward B Salem

0081994 CP