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
95 MAY -1 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **662918** **(2)**

1. Corporation Name
ROTONDA PROPERTIES, INC.

Principal Place of Business	Mailing Address
4005 CAPE HAZE DR. CAPE HAZE FL 33947	4005 CAPE HAZE DR. CAPE HAZE FL 33947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1980
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 59-2015902 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired: XX — $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: 33946 — 24; Country — 25
Zip: 33946 — 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

DANAHY, THOMAS J.
15436 NORTH FLORIDA AVENUE
SUITE 200
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: Alexander, Larry B.
82 Street Address (P.O. Box Number is Not Acceptable): 505 S. Flagler Dr.
83: Suite 1100
84 City: West Palm Bch — 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: _____ Larry B. Alexander 7-20-95
Signature, typed name of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	11 TITLE	DPST	XX Change ☐ Addition
NAME	SIERRA, J. ROBERT	12 NAME	Gary D. Littlestar	
STREET ADDRESS	15436 NORTH FLORIDA AVE., SUITE 200	13 STREET ADDRESS	4005 Cape Haze Dr	
CITY ST ZIP	TAMPA FL 33618	14 CITY ST ZIP	Cape Haze, Fl 33946	
TITLE	PD	21 TITLE		XX Change ☐ Addition
NAME	DANAHY, THOMAS J	22 NAME		
STREET ADDRESS	15436 NORTH FLORIDA AVE., SUITE 200	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33618	24 CITY ST ZIP		
TITLE	VD	31 TITLE		XX Change ☐ Addition
NAME	WILSON, LOU ELLEN	32 NAME		
STREET ADDRESS	15436 NORTH FLORIDA AVE., SUITE 200	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33947	34 CITY ST ZIP		
TITLE	AS	41 TITLE		XX Change ☐ Addition
NAME	HOLMAN, MARJORIE	42 NAME		
STREET ADDRESS	4005 CAPE HAZE DR.	43 STREET ADDRESS		
CITY ST ZIP	CAPE HAZE FL 33947	44 CITY ST ZIP		
TITLE	VD	51 TITLE		XX Change ☐ Addition
NAME	SIERRA, MICHAEL J	52 NAME		
STREET ADDRESS	15436 NORTH FLORIDA AVE., SUITE 200	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33618	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 the 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: _____ Gary D. Littlestar 2/21/95 813/697-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0336006 CP