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 JUN -1 AM 11:23

DOCUMENT # **686939** **(0)**

1. Corporation Name
TAXAC OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
93911 US 1 **TAVERNIER FL 33070** **US**	**93911 US 1** **TAVERNIER FL 33070** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1990**	3a. Date of Last Report: **03/14/1994**
4. FEI Number: **59-2044611**	☐ 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	

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GREENE, WILLARD M.
93911 US 1
TAVERNIER FL 33070

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP**	11 TITLE	☐ Change ☐ Addition
NAME	**GREENE, WILLARD M**	12 NAME	
STREET ADDRESS	**93911 US 1**	13 STREET ADDRESS	
CITY-ST-ZIP	**TAVERNIER, FL 00000**	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
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	

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: W. GREENE (PRES.) 5/31/95 (305) 852-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

011808 CP

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CORPORATION
ANNUAL REPORT
1995

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

FILED

DOCUMENT # **687975** **(3)**

1. Corporate Name
LEON DOYAN, M.D., P.A.

Principal Place of Business
~~10131 WEST SAMPLE ROAD~~
~~CORAL SPRINGS FL 33065~~

Mailing Address
~~10131 WEST SAMPLE ROAD~~
~~CORAL SPRINGS FL 33065~~

2817 E Oakland Park Blvd. Ft. Lauderdale FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1980**
3a. Date of Last Report: **03/07/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2037107** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (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

~~DOYAN, LEON M.D., P.A.~~
~~10131 W. SAMPLE ROAD~~
~~CORAL SPRINGS FL 33065~~

Leon Doyan MD
2817 E Oakland Park
Ft. Lauderdale FL

10. Name and Address of New Registered Agent

81 Name: Leon Doyan MD
82 Street Address (P.O. Box Not Acceptable): 2817 E. Oakland Park Blvd. #100
83
84 City: Ft. Lauderdale
FL
85 Zip Code: 33306-1813

PLEASE SIGN & DATE

11. Pursuant to the provisions of Section 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 Leon Doyan MD

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

	12.	13.
1	PSD DOYAN, LEON ~~10131 W. SAMPLE ROAD~~ ~~CORAL SPRINGS FL~~	☐ Change ☐ Addition 2817 E Oakland Park Ft. Lauderdale FL 33306
2		☐ Change ☐ Addition
3		☐ Change ☐ Addition
4		☐ Change ☐ Addition
5		☐ Change ☐ Addition
6		☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: X Leon Doyan MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010A00 CP

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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 688283 (1)

1. Corporation Name

DIAMOND C ENTERPRISES, INC.

Principal Place of Business:
1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409-3505

Mailing Address:
1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409-3505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2041851 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WALDRON, THOMAS S.
1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: N. Griffin Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 1920 Palm Beach Lakes Blvd., Suite 202
83
84 City: West Palm Beach FL 85 Zip Code: 33409

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 [signature] PRES 5/30/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALDRON, THOMAS S.
STREET ADDRESS	1920 PALM BCH LAKES BLVD
CITY ST ZIP	W PALM BEACH FL
TITLE	ST
NAME	WALDRON, THOMAS S.
STREET ADDRESS	1920 PALM BCH LAKES BLVD
CITY ST ZIP	W PALM BEACH FL
TITLE	V
NAME	WILSON, N. G
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202
CITY ST ZIP	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D/P/S/T	☒ Change ☐ Addition
1 2 NAME	N. Griffin Wilson	
1 3 STREET ADDRESS	1920 Palm Beach Lakes Blvd., Suite 202	
1 4 CITY ST ZIP	West Palm Beach, FL 33409	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE	NONE	☒ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
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: [signature] 5/30/95 407-689-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: N. Griffin Wilson, Pres.
Date / Daytime Phone #

0040174 CP

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CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **689985** **(0)**

1. Corporation Name

B.H.Q., INC.

Principal Place of Business	Mailing Address
5059 SOUTEL DRIVE C/O LAWRENCE F. QUINN JACKSONVILLE FL 32208	5059 SOUTEL DRIVE C/O LAWRENCE F. QUINN JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1980**
3a. Date of Last Report: **05/20/1994**
4. FEI Number: **59-2030065** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

QUINN, LAWRENCE F.
5059 SOUTEL DRIVE
JACKSONVILLE FL 32208

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 ______

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	QUINN, MARILYN L
STREET ADDRESS	5059 SOUTEL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DV
NAME	QUINN, LAWRENCE F.
STREET ADDRESS	5059 SOUTEL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	☐ Change ☐ Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
6.1 TITLE / 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)(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: Lawrence F. Quinn — 5/30/95 — (904) 766-1871

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

LAWRENCE F. QUINN

040666 FP

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **690979** (0)

1. Corporation Name

STEVENS RADIO COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1865 NE JACKSONVILLE RD PO BOX 187 OCALA FL 32678	STEVENS, R MARIE PO BOX 187 OCALA FL 32678 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1981
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2116352 — ☐ 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
STEVENS, MARIE M 1865 NE JACKSONVILLE RD. OCALA FL 34470	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 ______ (Signature, typed or printed name of 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		11 TITLE	☐ Change ☐ Addition
NAME	STEVENS, DONALD F	12 NAME	
STREET ADDRESS	1865 NE JACKSONVILLE RD	13 STREET ADDRESS	
CITY ST ZIP	OCALA, FL 00000	14 CITY ST ZIP	
TITLE	PST	21 TITLE	☐ Change ☐ Addition
NAME	STEVENS, MARIE Marie	22 NAME	
STREET ADDRESS	1865 NE JACKSONVILLE RD.	23 STREET ADDRESS	
CITY ST ZIP	OCALA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, LINDA	32 NAME	
STREET ADDRESS	1865 NE JACKSONVILLE RD	33 STREET ADDRESS	
CITY ST ZIP	OCALA 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)(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: A. Marie Stevens — 5-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083867 CP

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **692572** **(1)**

1. Corporation Name
BUCK WESTERN, INC.

Principal Place of Business	Mailing Address
12145 TAMIAMI TRAIL WARM MINERAL SPRINGS FL 34287	12145 TAMIAMI TRAIL WARM MINERAL SPRINGS FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1981**
3a. Date of Last Report: **05/11/1994**
4. FEI Number: **59-2134509** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt #, etc 22 | Suite, Apt #, etc 27
City & State 23 | City & State 28
Zip 24 Country 25 | Zip 29 Country 30

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

BUCK, HENRY L
6187 OTIS ROAD
NORTH PORT FL 34287

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	BUCK, MARTIN P.	12 NAME
STREET ADDRESS	6205 MORNING AVE	13 STREET ADDRESS
CITY ST ZIP	NORTH PORT, FL 00000	14 CITY ST ZIP
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	BUCK, SHARON K.	22 NAME
STREET ADDRESS	6205 MORNING AVE.	23 STREET ADDRESS
CITY ST ZIP	NORTH PORT FL	24 CITY ST ZIP
TITLE	T	31 TITLE ☐ Change ☐ Addition
NAME	BUCK, ANNETTE S.	32 NAME
STREET ADDRESS	6187 OTIS ROAD	33 STREET ADDRESS
CITY ST ZIP	NORTH PORT, FL 00000	34 CITY ST ZIP
TITLE	D	41 TITLE ☐ Change ☐ Addition
NAME	BUCK, HENRY L.	42 NAME
STREET ADDRESS	6187 OTIS ROAD	43 STREET ADDRESS
CITY ST ZIP	NORTH PORT, FL 00000	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)(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: Sharon K Buck Sharon K Buck 5-30-95 813-426-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0360322 CP

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

DOCUMENT # 693598 (5)

1. Corporation Name

301 DEVELOPMENT CORPORATION

Principal Place of Business: 820 NE 120TH PLACE, P.O. BOX 4709, OCALA FL 34478

Mailing Address: 820 NE 120TH PLACE, P.O. BOX 4709, OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1981
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-2265306 — 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

CHIOTA, THOMAS A
820 N E 120TH PLACE
P.O. BOX 4709
OCALA FL 34478

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

12. OFFICERS AND DIRECTORS

TITLE	D	
NAME	CASSE, NORMAN E	
STREET ADDRESS	14303 N MAGNOLIA AVE	
CITY-ST-ZIP	CITRA FL	
TITLE	DP	
NAME	CHIOTA, THOMAS A	
STREET ADDRESS	820 N E 120TH PL	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	D	
NAME	SCHMIDT, HILMER C	
STREET ADDRESS	1101 NW 117TH ST.	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	D	
NAME	HICKS, DANIEL	
STREET ADDRESS	3255 S W 24TH AVE RD	
CITY-ST-ZIP	OCALA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank; Change / Addition boxes unchecked)

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(1)(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: Thomas A. Chiota (signature) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/30/95 — Daytime Phone #: (904) 237-2154

0467814 FP