FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # 730294 (6)

1. Corporation Name

UNIVERSITY MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
UNIVERSITY MALL SHOPPING CENTRE 7171 NORTH DAVIS HIGHWAY PENSACOLA FL 32504-6337	UNIVERSITY MALL SHOPPING CENTRE 7171 NORTH DAVIS HIGHWAY PENSACOLA FL 32504-6337

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1974
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1635585 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CYNTHIA SCHUTZMAN
7171 N. DAVIS HWY.
PENSACOLA FL 32504

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	VD	11 TITLE	VD	☒ Change ☐ Addition
NAME	JIM KEYES,	12 NAME	HODGES, KELLY	
STREET ADDRESS	7171 N.DAVIS HWY.	13 STREET ADDRESS	7171 N. DAVIS HWY.	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	SCHUTZMAN, CYNTHIA	22 NAME		
STREET ADDRESS	7171 N DAVIS HWY	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, GWEN	32 NAME		
STREET ADDRESS	7171 N DAVIS HWY	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	34 CITY-ST-ZIP		
TITLE	ATD	41 TITLE		☐ Change ☐ Addition
NAME	MUNRO, WM.	42 NAME		
STREET ADDRESS	7171 N DAVIS HWY	43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cindy Schutzman 4-10-95 (904) 478-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071011