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

APPROVED AND FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754317 (6)

1. Corporation Name

COLONIAL HEIGHTS, INC.

Principal Place of Business	Mailing Address
C/O DUHON 6261 SE COLONIAL DRIVE STUART FL 34997	C/O DUHON 6261 SE COLONIAL DRIVE STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1980
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2388582 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUHON, ROSE MARIE
6261 SE COLONIAL DR.
STUART FL 34997-8253

10. Name and Address of New Registered Agent

81 Name: DUHON, BOBBY D.
82 Street Address (P.O. Box Number is Not Acceptable): 6261 SE COLONIAL DR.
83
84 City: STUART FL. 85 Zip Code: FL 34997

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: BOBBY D. DUHON SD — 4/17/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DUHON, BOBBY D.	1.2 NAME	PAROLIN, AL	
STREET ADDRESS	6261 SE COLONIAL DR.	1.3 STREET ADDRESS	4415 SE CIRCLE WY.	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHULTZ, JENNIE	2.2 NAME	SWEITZER, WAYNE	
STREET ADDRESS	4519 SE MELODEE WAY	2.3 STREET ADDRESS	4479 SE MELODEE WY.	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MERCANDINO, MARCIA	3.2 NAME	ROOT, MOLLY E.	
STREET ADDRESS	4495 SE CIRCLE WAY	3.3 STREET ADDRESS	4605 SE CIRCLE WY.	
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	STUART, FL. 34997	
TITLE	VTD	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MARY	4.2 NAME		
STREET ADDRESS	4485 S.E. CIRCLE WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	DUHON, ROSE MARIE	5.2 NAME	DUHON, BOBBY D.	
STREET ADDRESS	6261 SE COLONIAL DR.	5.3 STREET ADDRESS	6261 SE COLONIAL DR.	
CITY-ST-ZIP	STUART FL 34997-8253	5.4 CITY-ST-ZIP	STUART, FL. 34997	
TITLE	VTD	6.1 TITLE	VTD	☒ Change ☐ Addition
NAME	ROOT, MOLLY E	6.2 NAME	MERCANDINO, MARCIA	
STREET ADDRESS	4605 SE CIRCLE WAY	6.3 STREET ADDRESS	4495 SE CIRCLE WY.	
CITY-ST-ZIP	STUART FL 34997	6.4 CITY-ST-ZIP	STUART, FL. 34997	

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: AL PAROLIN PD — 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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