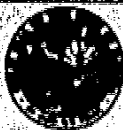


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 754317 (6)

1. Corporation Name

COLONIAL HEIGHTS, INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 11:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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. The 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

DUHON, BOBBY D.

82 Street Address (P.O. Box Number is Not Acceptable)

6261 SE COLONIAL DR.

83

84 City

STUART FL.

FL

85 Zip Code
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**

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
NAME

**PD
DUHON, BOBBY D.
6261 SE COLONIAL DR.
STUART FL**

1.1 TITLE
1.2 NAME

**PD
PAROLIN, AL
4415 SE CIRCLE WY.
STUART FL. 34997**

☒ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME

**VD
SCHULTZ, JENNIE
4519 SE MELODEE WAY
STUART FL**

2.1 TITLE
2.2 NAME

**VD
SWEITZER, WAYNE
4479 SE MELODEE WY.
STUART FL. 34997**

☒ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME

**TD
MERCANDINO, MARCIA
4495 SE CIRCLE WAY
STUART FL 34997**

3.1 TITLE
3.2 NAME

**TD
ROOT, MOLLY E.
4605 SE CIRCLE WY.
STUART, FL. 34997**

☒ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME

**VTD
JOHNSON, MARY
4485 S.E. CIRCLE WAY
STUART FL**

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

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

5.1 TITLE
5.2 NAME

**SD
DUHON, BOBBY D.
6261 SE COLONIAL DR.
STUART, FL. 34997**

☒ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME

**VTD
ROOT, MOLLY E
4605 SE CIRCLE WAY
STUART FL 34997**

6.1 TITLE
6.2 NAME

**VTD
MERCANDINO, MARCIA
4495 SE CIRCLE WY.
STUART, FL. 34997**

☒ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

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 110.07(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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Title

0070774