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 PM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761235 (1)

1. Corporation Name

PALM HARBOR SHOPPING CENTER MERCHANTS' ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
2499 GLADES ROAD SUITE 104 BOCA RATON FL 33431	2499 GLADES ROAD SUITE 104 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1981
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2857936 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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

SEALE, JOHNNY W
290 PALM COAST PKWY.
PALM COAST FL 32137

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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SEALE, JOHNNY W	1.2 NAME	Terry Conley	
STREET ADDRESS	PALM HARBOR SHOPPING CENTER	1.3 STREET ADDRESS	Palm Harbor Shopping Center	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	Palm Coast, FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DECAMILO, LILLIAN	2.2 NAME	Darlene Andrasco	
STREET ADDRESS	PALM HARBOR SHOPPING CENTER	2.3 STREET ADDRESS	Palm Harbor Shopping Center	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	Palm Coast, FL	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	ALDRICH, MELISSA	3.2 NAME		
STREET ADDRESS	PALM HARBOR SHOPPING CENTER	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	SMITH, TERRY	4.2 NAME	Rebecca Woodard	
STREET ADDRESS	FL. FEDERAL SAVINGS BANK	4.3 STREET ADDRESS	First Union Corp.	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	Palm Coast, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ZENGAGE, JAMES	5.2 NAME		
STREET ADDRESS	2499 GLADES RD. #104	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ALDRICH, SANDRA	6.2 NAME	Johnny Seale	
STREET ADDRESS	PALM HARBOR SHOPPING CENTER	6.3 STREET ADDRESS	Palm Harbor Shopping Center	
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	Palm Coast, FL 32137	

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: John W Seale Johnny W Seale, PD 1-11-95 904-446-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #