FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **828195** **(8)**

1. Corporate Name
OLD PARK INVESTMENTS, INC

Principal Place of Business	Mailing Address
1936 HARBORTOWN DRIVE FT.PIERCE FL 34946-1446	1936 HARBORTOWN DRIVE FT.PIERCE FL 34946-1446

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: **06/26/1972**
3a. Date of Last Report: **04/28/1994**

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

4. FEI Number: **38-1812091** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEFFLEBOWER,DAVID L
25 CAUSEWAY DR.
FT.PIERCE FL 34946

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 Section 607.0505 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 (if changing Registered Agent, Registered Agent must sign here) (if changing Registered Agent's address only, Registered Agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	☐ Change ☐ Addition
1. NAME	HEFFLEBOWER,DAVID L	1. NAME	
1. STREET ADDRESS	1936 HARBORTOWN DRIVE	1. STREET ADDRESS	
1. CITY-ST-ZIP	FT.PIERCE FL 34946-1446	1. CITY-ST-ZIP	
2. TITLE	VSD	2. TITLE	☐ Change ☐ Addition
2. NAME	HEFFLEBOWER,BARBARA	2. NAME	
2. STREET ADDRESS	1936 HARBORTOWN DRIVE	2. STREET ADDRESS	
2. CITY-ST-ZIP	FT.PIERCE FL 34946-1446	2. CITY-ST-ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY-ST-ZIP		4. CITY-ST-ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is absolutely 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 above, or on an attachment with an address.

SIGNATURE: [signature] (407) 466-7360
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR — Date — Daytime Phone #
David L Heffelbower 4/25/95

0382762 CP