FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 22 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 831587 (1)

1. Corporation Name
JONATHAN'S LANDING, INC.

Principal Place of Business	Mailing Address
17290 JONATHAN DRIVE JUPITER FL 33477-5823	17290 JONATHAN DRIVE JUPITER FL 33477-5823

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1974
3a. Date of Last Report: 03/07/1994

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

4. FEI Number: 25-1249883 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CRAIG L. COMBS
82 Street Address (P.O. Box Number is Not Acceptable): 17290 JONATHAN DR
83: 1
84 City: JUPITER FL 85 Zip Code: 33477

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 C. L. Combs
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		☐ Change ☐ Addition
NAME	COMBS, CRAIG L.	1.2 NAME		
STREET ADDRESS	17290 JONATHAN DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	WIER, WILLIAM W.	2.2 NAME		
STREET ADDRESS	17290 JONATHAN DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	MEEKS, H.E.	3.2 NAME	DISCHNER, E.L.	
STREET ADDRESS	1501 ALCOA BLDG.	3.3 STREET ADDRESS	425 6th Ave., ALCOA Bldg.	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	Pittsburgh, PA 15219-1850	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	YURA, DOLORES A	4.2 NAME		
STREET ADDRESS	1501 ALCOA BLDG	4.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: Craig L. Combs C. L. Combs 2/8/95 407-747-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0274180 CP