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 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851800** **(3)**

1. Corporate Name
CALIFORNIA FLORIDA CORPORATION

Principal Place of Business	Mailing Address
330 ISLAND ROAD PALM BEACH FL 33480	330 ISLAND ROAD PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1982**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **52-0793121** ☐ 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

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	10. Name and Address of New Registered Agent
HUFTY, PAGE 330 ISLAND ROAD PALM BEACH FL 33480	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE ☐ Change ☐ Addition
NAME	HUFTY, PAGE	1.2 NAME
STREET ADDRESS	330 ISLAND RD.	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP
TITLE	AST	2.1 TITLE ☐ Change ☐ Addition
NAME	LEIDY, FRANCES HUFTY	2.2 NAME
STREET ADDRESS	105/133, 700 W. DOWNINGTOWN PIKE	2.3 STREET ADDRESS
CITY-ST-ZIP	WEST CHESTER PA 19380	2.4 CITY-ST-ZIP
TITLE	STV	3.1 TITLE ☐ Change ☐ Addition
NAME	HUFTY, FRANCES ARCHBOLD	3.2 NAME
STREET ADDRESS	330 ISLAND RD.	3.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP
TITLE	AST	4.1 TITLE ☐ Change ☐ Addition
NAME	HUFTY, PAGE LEE	4.2 NAME
STREET ADDRESS	340 ISLAND RD	4.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480	4.4 CITY-ST-ZIP
TITLE	AST	5.1 TITLE ☐ Change ☐ Addition
NAME	HUFTY, JOHN A.	5.2 NAME
STREET ADDRESS	10310 S.W. STATE ROAD 45	5.3 STREET ADDRESS
CITY-ST-ZIP	ARCHER FL 32618	5.4 CITY-ST-ZIP
TITLE	ATS	6.1 TITLE ☐ Change ☐ Addition
NAME	HUFTY, MARY PAGE	6.2 NAME
STREET ADDRESS	257 MAPACHE DR.	6.3 STREET ADDRESS
CITY-ST-ZIP	PORTOLA VALLEY CA 94028	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 the 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: Page Hufty   Page Hufty, President   4/5/95   (407)655-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0275368 CP