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 AM 9:1[illegible]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10335 (3)

1. Corporation Name

CARY B. FISH LODGE NO. 346 FREE AND ACCEPTED MASONS OF FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
220 OCEAN STREET C/O WILLIAM G. WOLF JACKSONVILLE FL 32202	220 OCEAN STREET C/O WILLIAM G. WOLF JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 23-7136822 ☐ 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. 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G.
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84

100001476361
-05/04/95--01122--001
[illegible]

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 [illegible] 2/6/95
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	D	11 TITLE	WORSHIPFUL MASTER/D
NAME	VECHES, DOUGLAS JOHN	12 NAME	PAUL EUGENE LANFAIR
STREET ADDRESS	1967 MAGNOLIA ST.	13 STREET ADDRESS	3966 BERKSHIRE DR
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	SARASOTA FL 34241-5971
TITLE	SD	21 TITLE	SECRETARY/D Richard L. Cox
NAME	~~SACKETT JR., JUSTUS RUSSELL~~	22 NAME	~~JUSTUS RUSSELL SACKETT JR~~
STREET ADDRESS	~~P.O. BOX 3928~~	23 STREET ADDRESS	~~PO BOX 3928~~ 2548 Belvoir Blvd
CITY ST ZIP	~~SARASOTA FL~~	24 CITY ST ZIP	~~SARASOTA FL 34230-3928~~ Sarasota FL 34237
TITLE	D	31 TITLE	SENIOR WARDEN/D
NAME	UREN, WILLIAM JAMES	32 NAME	MARK PAXTON BREWER
STREET ADDRESS	721 HOULE AVE.	33 STREET ADDRESS	7518 CHURCHILL DOWNS ROAD
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	SARASOTA FL 34241
TITLE	D	41 TITLE	
NAME	BREWER, MARK PAXTON	42 NAME	
STREET ADDRESS	1864 MID-OCEAN CIRCLE	43 STREET ADDRESS	JUNIOR WARDEN/D
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	MARK CHRISTOPHER COX
TITLE	TD	51 TITLE	5200 DESOTO PKWY
NAME	GOLDSTEIN, ROBERT CHARLES	52 NAME	SARASOTA FL 34234
STREET ADDRESS	1022 N. WASHINGTON BLVD.	53 STREET ADDRESS	TREASURER/D
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	ROBERT CHARLES GOLDSTEIN
TITLE		61 TITLE	1250 12TH ST
NAME		62 NAME	SARASOTA FL 34236
STREET ADDRESS		63 STREET ADDRESS	5/1/95 MST
CITY ST ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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