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 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10454 (2)

1. Corporation Name
DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTE RS

Principal Place of Business	Mailing Address
~~13642 12 ST.~~ DADE CITY FL 33525-4511	~~13642 12 ST. DADE CITY FL 33525-4511~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1992	04/22/1994

4. FEI Number: 59-2627504 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 13642-21ST ST	26 P.O. Box 2185
Suite, Apt. #, etc. 22 DADE CITY	Suite, Apt. #, etc. 27 BUSHNELL
City & State 23 FL	City & State 28 FL
Zip 24 33525 Country 25 PASCO	Zip 29 33513 Country 30 SUMTER

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUSHING, JAMES JOSEPH 4990 SW 123 RD. WEBSTER FL 33597	81 Name: CHARLES B. SCHARCH, Secty 82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 2185 CR-674 #8055 83 84 City: BUSHNELL FL 85 Zip Code: 33513

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: Charles B. Scharch Secty
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	1.1 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, MORGAN HUTCHISON	1.2 NAME	
STREET ADDRESS	35130 PROSPECT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSHING, JAMES JOSEPH	2.2 NAME	
STREET ADDRESS	4990 SW 123 RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LINVILLE, ROY LEE	3.2 NAME	
STREET ADDRESS	14509 S.C. RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, MORGAN H	4.2 NAME	
STREET ADDRESS	~~35130~~ PROSPEST RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	~~MCNALEY, HAROLD JEANSON~~	5.2 NAME	SCHARCH, CHARLES B
STREET ADDRESS	~~38230 CENTENNIAL TRL~~	5.3 STREET ADDRESS	P.O. Box 2185; CR-674-#8055
CITY-ST-ZIP	~~DADE CITY FL 33525-1631~~	5.4 CITY-ST-ZIP	Bushnell, Fla. 33513
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHARLES B. SCHARCH Charles B Scharch 05/06/95 904-793-5847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082134