3-13-95-B-2073-MC

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:27

DOCUMENT # G00337 (7)

1. Corporation Name
THE ORANGE CITY SHOPPING CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 801 DOUGLAS AVE., SUITE 200<br>ALTAMONTE SPRINGS FL 32714 | 801 DOUGLAS AVE., SUITE 200<br>ALTAMONTE SPRINGS FL 32714 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1982
3a. Date of Last Report: 04/14/1994

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number: 59-2275799 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

9. Name and Address of Current Registered Agent

HAGLE, MARC L
801 DOUGLAS AVE., SUITE 200
ALTAMONTE SPRINGS FL 32714

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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAGLE, MARC L | 1.2 NAME | |
| STREET ADDRESS | 801 DOUGLAS AVENUE, SUITE 200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MACKEY, WALTER J., JR | 2.2 NAME | |
| STREET ADDRESS | 921 CHATHAM LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH 43221 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSON, THOMAS R | 3.2 NAME | |
| STREET ADDRESS | 2940 LEEDS ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH 43221 | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | KRUMM, WALTER T | 4.2 NAME | |
| STREET ADDRESS | 985 BETHEL ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH 43214 | 4.4 CITY-ST-ZIP | |
| TITLE | ASD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BERGER, JANE | 5.2 NAME | |
| STREET ADDRESS | 801 DOUGLAS AVENUE, SUITE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | 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: [signature] MARC L. Hagle PRES. 3/7/95 407-774-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000199 CP