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 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G16475** **(7)**

1. Corporation Name
SPI REALTY ASSOCIATES, INC.

Principal Place of Business
2 EATON STREET, SUITE #1100
HAMPTON VA 23669

Mailing Address
2 EATON STREET, SUITE #1100
HAMPTON VA 23669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1982**
3a. Date of Last Report: **06/01/1994**
4. FEI Number: **59-2316315** ☐ 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 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 ___

9. Name and Address of Current Registered Agent

JOHNSON, M.JEROME
4620 N.STATE RD.7,STE.317
FT. LAUDERDALE FL 33319

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 ___

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	JOSEPH, EDWIN A
STREET ADDRESS	2 EATON STREET #1100
CITY-ST-ZIP	HAMPTON VA
TITLE	VP
NAME	JOSEPH, JAMES R
STREET ADDRESS	2 EATON ST., SUITE 1100
CITY-ST-ZIP	HAMPTON VI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) — blank

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: ___ 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0008780 CP