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 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G59892** (1)

1. Corporation Name
ELBA DEVELOPMENT CORPORATION

Principal Place of Business
2375 TAMIAMI TRAIL N., #300
NAPLES FL 33940

Mailing Address
2375 TAMIAMI TRAIL N., #300
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 25 / 29 / 30

4. FEI Number: 59-2339247 — 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 filed, or intends to file under S. 190.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BARON, ELI
2375 TAMIAMI TR N #300
NAPLES FL 33940

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 Section 607.0505, 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. The change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and hereby accept the obligations of the position, per Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	BARON, ELI
STREET ADDRESS	2375 TAMIAMI TR N #300
CITY, ST	NAPLES FL
TITLE	D
NAME	BARON, ELI
STREET ADDRESS	2375 TAMIAMI TR N #300
CITY, ST	NAPLES FL
TITLE	P
NAME	MEADVIN, KENNETH R.
STREET ADDRESS	2375 TAMIAMI TR N #300
CITY, ST	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IF ANY)

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST	

14. I, [illegible], certify that the information supplied with this report is absolutely furnished and true and qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. 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 owner or trustee or trustee-owned trust as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or is attached with an asterisk.

SIGNATURE: [signature] 4.29.95 813 262 6977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0326440 CP