

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 AM 11:40

DOCUMENT # G92194

(1)

1. Corporation Name

MARTIN - ST. LUCIE INVESTMENT PROPERTIES, INC.

Principal Place of Business

**C/O PHILIP E. DEBERARD, III, ESQ.
215 S.FEDERAL HWY.,STE.300
STUART FL 34994**

Mailing Address

**C/O PHILIP E. DEBERARD, III, ESQ.
215 S.FEDERAL HWY.,STE.300
STUART FL 34994**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/15/1984

3a. Date of Last Report
02/11/1994

4. FEI Number
65-0182186

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEBERARD, III, PHILIP E.
215 S.FEDERAL HWY.,STE.300
STUART FL 34994**

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

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 **PD**
NAME **DEBERARD, LAURA A.**
STREET ADDRESS **215 S.FEDERAL HWY.,#300**
CITY - ST - ZIP **STUART FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.2 NAME

1.3 STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.4 CITY - ST - ZIP

2.1 TITLE

2.1 TITLE

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

2.4 CITY - ST - ZIP

3.1 TITLE

3.1 TITLE

3.2 NAME

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4.2 NAME

4.2 NAME

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4.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.1 TITLE

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.1 TITLE

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), Florida Statutes. I further certify 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95

407.286-1000

Date

Telephone #