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 31 AM 11:35

DOCUMENT # H00181 (8)

1. Corporation Name
HONEYVINE RESIDENTS', INC.

Principal Place of Business	Mailing Address
10365 ULMERTON RD. #80 LARGO FL 34641	10365 ULMERTON RD. #80 LARGO FL 34641

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1984
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 10365 Ulmerton Rd. #89	26 10365 Ulmerton Rd. #89
Suite, Apt. #, etc. 22 #89	Suite, Apt. #, etc. 27 #89
City & State 23 Largo, Fl. 34641	City & State 28 Largo, Fl. 34641
Zip / Country 24 / 25 Pinellas	Zip / Country 29 34641 / 30 Pinellas

4. FEI Number: 59-2948035 ☐ 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

9. Name and Address of Current Registered Agent

FORD, EDWIN I.
2307 WEST BAY DRIVE
LARGO FL 33540

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 executed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE		☐ Change ☐ Addition
NAME	REARICK, PAUL	12 NAME		
STREET ADDRESS	10365 ULMERTON RD #3	13 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	LOWELL JR., WILLIAM	22 NAME		
STREET ADDRESS	10365 ULMERTON RD #5	23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	WOLF, JANE	32 NAME	Gilliland, Patti A.	
STREET ADDRESS	10365 ULMERTON RD, #80	33 STREET ADDRESS	10365 Ulmerton Rd., #89	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	Largo, Fl. 34641	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WALZ, DONALD	42 NAME		
STREET ADDRESS	10365 ULMERTON RD #74	43 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	CARROLL, PETER J	52 NAME		
STREET ADDRESS	10365 ULMERTON RD #21	53 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, ROBERT	62 NAME		
STREET ADDRESS	10365 ULMERTON RD #8	63 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	64 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: Patti A. Gilliland PATTI A. GILLILAND, TREASURER 3/20/95 (813) 504-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number