FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SUNDAY B. MORAN
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **H05972** **(5)**

1. Corporate Name

FLORIDA RESIDENTIAL, INC.

Principal Place of Business
3504 2ND AVE W
BRADENTON FL 34205

Mailing Address
3504 2ND AVE W
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1984
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
24 25

2a. Mailing Address
26.
Suite, Apt. #, etc.
27
City, State
28
29 30

4. FEI Number: 59-2420780 — 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

9. Is this corporation a "Qualified Business" under Section 607.0505 Florida Statutes? ☐ Yes ■ No

9. Name and Address of Current Registered Agent

BABER, RONALD E.
3504 - 2ND AVE. WEST
BRADENTON FL 34205

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 607.325, Florida Statutes, the above named corporation hereby submits the statement of its intention of changing its registered office or registered agent. If the registered agent is a corporation, the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BABER, RONALD E.
STREET ADDRESS	3504 2ND AVE W.
CITY, ST	BRADENTON FL
TITLE	VS
NAME	BABER, MARY T.
STREET ADDRESS	3504 2ND AVE W.
CITY, ST	BRADENTON FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

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

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

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

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

14. I hereby certify that the information supplied with this report is accurate and that this signature shall have the same legal effect as if made under oath that I am a director or officer 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 above, or on an attachment with an asterisk.

SIGNATURE: Ronald E. Baber Ronald E. Baber 5-1-95 (813) 748-7938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER

0337288 CP