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 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H50995** **(0)**

1. Corporation Name

NTS/SABAL RESIDENTIAL, INC.

Principal Place of Business	Mailing Address
10172 LINN STATION RD LOUISVILLE KY 40223	10172 LINN STATION RD LOUISVILLE KY 40223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1985	3a. Date of Last Report: 04/20/1994
4. FEI Number: 61-1075899	☐ 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	10. Name and Address of New Registered Agent
ADAMS, GARY D UNIVERSITY BUSINESS CENTER 3300 UNIVERSITY BLVD, SUITE 150 WINTER PARK FL 32792	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	DC	11 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, J.D.	12 NAME	
STREET ADDRESS	10172 LINN STATION ROAD	13 STREET ADDRESS	
CITY ST ZIP	LOUISVILLE KY	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	GOOD, RICHARD L	22 NAME	
STREET ADDRESS	10172 LINN STATION RD.	23 STREET ADDRESS	
CITY ST ZIP	LOUISVILLE KY	24 CITY - ST - ZIP	
TITLE	SVPT	31 TITLE	SVPT ☑ Change ☑ Addition
NAME	MULROONEY, JAMES M	32 NAME	HAMPTON, JOHN W.
STREET ADDRESS	10172 LINN STATION RD.	33 STREET ADDRESS	10172 LINN STATION RD
CITY ST ZIP	LOUISVILLE KY	34 CITY ST ZIP	LOUISVILLE, KY.
TITLE	SVPS	41 TITLE	☐ Change ☐ Addition
NAME	COMPTON, GREGORY A.	42 NAME	
STREET ADDRESS	10172 LINN STATION RD	43 STREET ADDRESS	
CITY ST ZIP	LOUISVILLE KY	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 exemptions 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/11/95 (904) 424-4800

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

GREGORY A. COMPTON, SVP/Sec

0384625 CP