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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:05

DOCUMENT # H51273 (1)

1. Corporation Name
SPACE COAST PROPERTIES #2, INC.

Principal Place of Business	Mailing Address
4865 LAKE ONTARIO DR P.O. BOX 430 COCOA FL 32926 US	4840 SHARPES LAKE AVE. P.O. BOX 430 SHARPES FL 32959

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4865 LAKE ONTARIO DR	26 4865 LAKE ONTARIO DR
Suite, Apt. #, etc. 22 P.O. Box 567	Suite, Apt. #, etc. 27 P.O. Box 567
City & State 23 SHARE COCOA FL	City & State 28 SHARPES FL
Zip / Country 24 32926 / 25 BREVARD	Zip / Country 29 32959 / 30 BREVARD

4. FEI Number: 59-2528965 ☐ 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

BARNES, KELLY R.
4865 LAKE ONTARIO AVE
COCOA FL 32926

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: KELLY R. BARNES / Kelly R Barnes (NOTE: Registered Agent signature required when reinstating) DATE: 1-25-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~V~~	11 TITLE	☐ Change ☐ Addition
NAME	~~HOSKIN, JOHN~~	12 NAME	
STREET ADDRESS	~~3130 N. TROPICAL TRAIL~~ DELETE	13 STREET ADDRESS	
CITY-ST-ZIP	~~MERRITT ISLAND FL~~	14 CITY-ST-ZIP	
TITLE	~~D~~	21 TITLE	☐ Change ☐ Addition
NAME	~~TERRY, THAD~~	22 NAME	
STREET ADDRESS	~~100 CANEBREAKERS DR #108~~ DELETE	23 STREET ADDRESS	
CITY-ST-ZIP	~~COCOA FL~~	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	ADD SECRETARY + DIRECTOR ☐ Change ☒ Addition
NAME	BARNES, KELLY R.	32 NAME	
STREET ADDRESS	100 CANEBREAKERS DR #208	33 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	ADD DIRECTOR ☐ Change ☒ Addition
NAME	BARNES, NILE E.	42 NAME	
STREET ADDRESS	4850 LAKE MICHIGAN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	ADD DIRECTOR ☐ Change ☒ Addition
NAME	BARNES, IRENE E.	52 NAME	
STREET ADDRESS	4850 LAKE MICHIGAN AVE	53 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	54 CITY-ST-ZIP	
TITLE	~~S~~	61 TITLE	☐ Change ☐ Addition
NAME	~~FORSYTH, JACKIE L.~~	62 NAME	
STREET ADDRESS	~~1230 VINELAND AVE.~~ DELETE	63 STREET ADDRESS	
CITY-ST-ZIP	~~COCOA 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: Kelly R Barnes Pres. 1-25-95 407-639-0370
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytime Phone #)
KELLY R. BARNES

0421420 FP