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 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H62818 (O)

1. Corporation Name
PARK FOREST DEVELOPMENT CORP.

Principal Place of Business
P.O. BOX 21238
SARASOTA FL 34240-8958
US

Mailing Address
P.O. BOX 21238
SARASOTA FL 34240-8958
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1645811 — 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 ___ Suite, Apt #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent
JOHNSON, MICHAEL
573 INTERSTATE BLVD
SARASOTA FL 34240

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2018 Oak Terrace
83
84 City: FL
85 Zip Code: 34231

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1 1 TITLE	VAS ☒ Change ☐ Addition
NAME	WHITEHEAD, VICKI	1 2 NAME	
STREET ADDRESS	1377 BARCLAY CIRCLE	1 3 STREET ADDRESS	2197 Canton Road Suite 201
CITY ST ZIP	MARIETTA GA	1 4 CITY ST ZIP	30066
TITLE	PD	2 1 TITLE	☒ Change ☐ Addition
NAME	TERRY, EDWARD L.	2 2 NAME	
STREET ADDRESS	1377 BARCLAY CIRCLE-A	2 3 STREET ADDRESS	2401 Lake Park Drive Suite 220
CITY ST ZIP	MARIETTA GA	2 4 CITY ST ZIP	Smyrna GA 30080
TITLE	AS	3 1 TITLE	VAS ☒ Change ☐ Addition
NAME	JOHNSON, MICHAEL	3 2 NAME	
STREET ADDRESS	573 INTERSTATE BLVD	3 3 STREET ADDRESS	2018 Oak Terrace
CITY ST ZIP	SARASOTA FL	3 4 CITY ST ZIP	34231
TITLE	VD	4 1 TITLE	V ☒ Change ☐ Addition
NAME	JOHNSON, MICHAEL	4 2 NAME	
STREET ADDRESS	573 INTERSTATE BLVD	4 3 STREET ADDRESS	2018 Oak Terrace
CITY ST ZIP	SARASOTA FL	4 4 CITY ST ZIP	34231
TITLE		5 1 TITLE	VST ☐ Change ☒ Addition
NAME		5 2 NAME	S. Kent Owings
STREET ADDRESS		5 3 STREET ADDRESS	2197 Canton Road Suite 201
CITY ST ZIP		5 4 CITY ST ZIP	Marietta GA 30066
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
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 119.07(3)(k), 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: S Kent Owings — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — S. KENT OWINGS
Date: 4/28/95 Daytime Phone #: 404-427-8162