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 APR 26 AM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H63463** **(4)**

1. Corporation Name
CAIRNS PINES CORPORATION

Principal Place of Business
425 W. COLONIAL DR., SUITE 206
ORLANDO FL 32804

Mailing Address
425 W. COLONIAL DR., SUITE 206
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1245 Spring Lake Dr.
22 Suite, Apt. #, etc.
23 City & State: Orlando, FL
24 Zip: 32804
25 Country: Orange

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State: Same
29 Zip: Same
30 Country

4. FEI Number: 59-2569775 ☐ 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

CAIRNS, ROBERT A.
425 W. COLONIAL DR., SUITE 206
ORLANDO FL 32804

10. Name and Address of New Registered Agent

61 Name: Robert A. Cairns ~~Cairns Pines Corporation~~
62 Street Address (P.O. Box Number is Not Acceptable): 1245 Spring Lake Drive
63 Orlando
64 City: FL 65 Zip Code: 32804

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: Robert A. Cairns Robert A. Cairns 4/3/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☒ Change ☐ Addition
NAME	CAIRNS, ROBERT A.	12 NAME	
STREET ADDRESS	425 W. COLONIAL DR. #206	13 STREET ADDRESS	1245 Spring Lake Drive
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL 32804
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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	If Deposited By Bank CA

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 the 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: Robert A. Cairns Robert A. Cairns 4/3/95 4076498745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0068406 CP