

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74599** (2)

1. Corporation Name
SAXON PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**2180 WEST FIRST STREET
FT. MYERS FL 33901**

Mailing Address
**2180 WEST FIRST STREET
FT. MYERS FL 33901**

3. Date Incorporated or Qualified
09/04/1985

3a. Date of Last Report
01/13/1994

2. Principal Place of Business
21
2180 WEST FIRST ST

2a. Mailing Address
26
2180 WEST FIRST ST

Suite, Apt. #, etc.
22
SUITE 500

City & State
27
FORT MYERS FL

Zip
24
33901

Country
30
US

4. FEI Number
59-2586117

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 100.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COUCH, RICHARD G
2180 W. FIRST ST.
FT. MYERS FL 33901**

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

Signature, Name and Address of registered agent and City if applicable.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	COUCH, RICHARD G
STREET ADDRESS	2180 WEST 1ST ST.
CITY, ST, ZIP	FT. MYERS FL
TITLE	D
NAME	COUCH, RICHARD G
STREET ADDRESS	2180 WEST 1ST ST.
CITY, ST, ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(9)(a), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of name or attachment of name address.

SIGNATURE:

[Signature] **RICHARD COUCH, PRES** 04/28/95 813/337-1777