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

CORPORATION ANNUAL REPORT

1995 5-1-95 B-6544

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

DOCUMENT # J05765 (9)

1. Corporation Name
**SILVER LEAF PROPERTIES, INC.**

ANNOUNCED
FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 6202 VERMONT AVE<br>NEW PORT RICHEY FL 34653-2550 | 6202 VERMONT AVE<br>NEW PORT RICHEY FL 34653-2550 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/25/1986 | 3a. Date of Last Report: 03/11/1994 |
| 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) / County (25) | Zip (29) / County (30) |
| 4. FEI Number: NOT APPLICABLE — ☐ 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**

PARKER, H JAMES
6202 VERMONT AVE
NEW PORT RICHEY FL 34653

**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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PARKER, H JAMES | 12 NAME | |
| STREET ADDRESS | 6202 VERMONT AVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | PARKER, SHERRI J | 22 NAME | |
| STREET ADDRESS | 6202 VERMONT AVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 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 | |

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:** M James Parker 5/4/95 (813)-845-8787
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

03/2270 CP