

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

CORPORATION ANNUAL REPORT 1995 5-1-95			FLORIDA DEPARTMENT OF STATE Suzy B. Morgan Secretary of State DIVISION OF CORPORATIONS XC	
DOCUMENT # J05765 1. Corporation Name SILVER LEAF PROPERTIES, INC.			(9)	

Principal Place of Business 6202 VERMONT AVE NEW PORT RICHEY FL 34653-2550	Mailing Address 6202 VERMONT AVE NEW PORT RICHEY FL 34653-2550
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2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/25/1986	3a. Date of Last Report 03/11/1994
22 City & State		27 City & State		4. FBI Number NOT APPLICABLE	Applied For ☐ Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 City & State		29 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 City & State		30 City & State		D. This corporation has liability for intangible tax under S. 192.032, Florida Statutes ☐ Yes ☒ No	

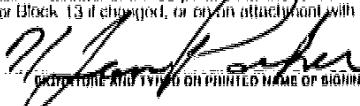
9. Name and Address of Current Registered Agent PARKER, H JAMES 6202 VERMONT AVE NEW PORT RICHEY FL 34653				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	85 Zip Code

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 of corporation (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, H JAMES	1.2 NAME	
STREET ADDRESS	6202 VERMONT AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, SHERRI J	2.2 NAME	
STREET ADDRESS	6202 VERMONT AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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)(b), 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:  **5/4/95** (813)-845-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR