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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

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[illegible] STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J24402** **(6)**

1. Corporate Name

LIDDELL OF FLA. REALTY, INC.

Principal Place of Business	Mailing Address
9501 NORMANDY BOULEVARD P.O. BOX 5604 JACKSONVILLE FL 32207	9501 NORMANDY BOULEVARD P.O. BOX 5604 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1986**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. # or Bldg.	27 Suite, Apt. # or Bldg.
23 City & State	28 City & State
24 Zip	25 County
29 Zip	30 County

4. FEI Number: **59-2769384** ☐ 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 to intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIDDELL, ROBERT 1563 PALM AVENUE JACKSONVILLE FL 32202	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 Section 607.1005, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER'S AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: LIDDELL, ROBERT ALLEN STREET ADDRESS: 2426 GREEN SPRING DR. CITY-ST-ZIP: JACKSONVILLE FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this 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 above or on an attachment with an address.

SIGNATURE: [signature] 5 Mar 95 783-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0407818 FP