FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J26610** **(2)**

1. Corporation Name
ST. LUCIE WEST REALTY, INC.

Principal Place of Business
590 NW PEACOCK BLVD #3
PORT ST LUCIE FL 34986

Mailing Address
590 NW PEACOCK BLVD #3
PORT ST LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1986**
3a. Date of Last Report: **06/16/1994**

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

4. FEI Number: **65-0155399** ☐ 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 been, for chargeable tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEGENER, PAUL J JR
590 N.W. PEACOCK BLVD
SUITE 3
PORT ST LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name: Paul J. Hegener
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] Paul J. Hegener, President 4/27/95
(Name of person signing) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	BABCOCK, THOMAS A	12 NAME	
STREET ADDRESS	590 NW PEACOCK BLVD # 3	13 STREET ADDRESS	
CITY ST ZIP	PORT ST LUCIE FL 34986	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	JAMES, ANDERSON J JR	22 NAME	
STREET ADDRESS	590 NW PEACOCK BLVD #3	23 STREET ADDRESS	
CITY ST ZIP	PORT ST. LUCIE FL 34986	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	SWART, JOHN S	32 NAME	
STREET ADDRESS	590 NW PEACOCK BLVD #3	33 STREET ADDRESS	
CITY ST ZIP	PORT ST. LUCIE FL 34986	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	HEGENER, PAUL J	42 NAME	
STREET ADDRESS	590 NW PEACOCK BLVD #3	43 STREET ADDRESS	
CITY ST ZIP	PORT ST. LUCIE FL 34986	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: [signature] President 4/27/95 407-340-5201
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Title) (Date) (Daytime Phone Number)
Thomas A. Babcock

044033 PP