SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:16

DOCUMENT # J29746 (1)

1. Corporation Name
SUNDANCE PROPERTIES OF N.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
% JAMES R. KISER 533 N. EGLIN PKWY. FT. WALTON BEACH FL 32547	1 ELEVENTH AVE. SHALIMAR CENTRE - SUITE E-2 SHALIMAR FL 32579 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1986
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 59-2779505 ☐ 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 may qualify for 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
KISER, JAMES R. 611 N. OVERBROOK DRIVE FT. WALTON BEACH FL 32548	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KISER, JAMES R.	12 NAME	
STREET ADDRESS	611 NORTH OVERBROOK DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KISER, JOSHUA L. JR.	22 NAME	
STREET ADDRESS	611 NORTH OVERBROOK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	PANGLE, HERBERT W.	32 NAME	
STREET ADDRESS	80 LANDMAN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DONAVIN, MATTHEW W.	42 NAME	
STREET ADDRESS	804 WEEDEN ISLAND DR.	43 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	WHITE, RICHARD J.	52 NAME	
STREET ADDRESS	91 COUNTRY CLUB RD.	53 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROSE, SHERRY	62 NAME	
STREET ADDRESS	10 COUNTRY CLUB RD.	63 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(k), 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 added, above.

SIGNATURE: Herbert W. Pangle **HERBERT W. PANGLE PRESIDENT / DIR.** (904) 678-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174249 FP