FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43808** **(1)**

1. Corporation Name

AMADOR WOODLANDS, INC.

Principal Place of Business	Mailing Address
2180 WEST FIRST ST 2180 WEST FIRST ST. FORT MYERS FL 33901 US	2180 WEST FIRST ST SUITE 208 FORT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1986

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2180 WEST FIRST ST	26 2180 WEST FIRST ST
Suite, Apt. #, etc. 22 SUITE 500	Suite, Apt. #, etc. 27 SUITE 500
City & State 23 FORT MYERS FL	City & State 28 FORT MYERS FL
Zip 24 33901 Country 25 US	Zip 29 33901 Country 30 US

4. FEI Number: 52-1533684 ☐ 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

BROWICH, STEPHEN J.
2180 WEST FIRST ST
SUITE 208
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: STEPHEN J BROMWICH

82 Street Address (P.O. Box Number is Not Acceptable): 2180 WEST FIRST ST

83 SUITE 500

84 City: FORT MYERS FL 85 Zip Code: 33901

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: _____ STEPHEN J BROMWICH 04/28/95
Signature, typed or printed name of registered agent and date of execution (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COUCH, RICHARD	12 NAME	
STREET ADDRESS	2180 W. FIRST ST.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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)(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 by amendment with an address.

SIGNATURE: _____ RICHARD COUCH, PRESIDENT 04/28/95 813/337-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0316304 CP