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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:50

DOCUMENT # J44443 (6)

1. Corporation Name
SOUTHERN MAPLES, INC.

Principal Place of Business	Mailing Address
2557 N. TAMIAMI TRAIL NORTH FORT MYERS FL 33903	2557 N. TAMIAMI TRAIL NORTH FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/26/1986
3a. Date of Last Report: 03/18/1994

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

4. FEI Number: 59-2755403 ☐ 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

MCCLANAHAN, CECIL
2557 N. TAMIAMI TL
LOT 51
NORTH FORT MYERS FL 33903

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	STOWELL, LEONARD	1.2 NAME	STOWELL LEONARD	
STREET ADDRESS	2557 N TAMIAMI TRAIL #36	1.3 STREET ADDRESS	2557 N TAMIAM TR. #36	
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	VPD	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	TRAVAILLAUD, PIERRE	2.2 NAME	TRAVAILLAUD PIERRE	
STREET ADDRESS	2557 N TAMIAMI TRAIL	2.3 STREET ADDRESS	2557 N. TAMIAMI TR # 60	
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	N. FT. MYERS FL. 33903	
TITLE	SD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	IMHOFF, NORMA	3.2 NAME	IMHOFF NORNA	
STREET ADDRESS	2557 N TAMIAMI TRAIL #22	3.3 STREET ADDRESS	2557 N. TAMIAMI TR #22	
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	TD	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	OIBRIEN, OLIVE	4.2 NAME	O'BRIEN OLIVE	
STREET ADDRESS	2557 N TAMIAMI TRAIL	4.3 STREET ADDRESS	2557 N. TAMIAMI TR # 8	
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MITCHELL, GEORGE	5.2 NAME	MITCHELL GEORGE	
STREET ADDRESS	2557 N TAMIAMI TRAIL #26	5.3 STREET ADDRESS	2557 N. TAMIAMI TR #26	
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	N. FT. MYERS FL. 33903	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MAYE, FRED	6.2 NAME	REEVE ALICE	
STREET ADDRESS	2557 N. TAMIAMI TRAIL #3	6.3 STREET ADDRESS	2557 N. TAMIAMI TR # 33	
CITY-ST-ZIP	N FT MYERS FL	6.4 CITY-ST-ZIP	N. FT. MYERS 33908	

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: Leonard Stowell 02-14-1995 813-995-2218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120021 CP