CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

J94443

DOCUMENT # Amended

1. Corporation Name
SOUTHERN MAPLES INC

Principal Place of Business
N.FT.MYERS

Mailing Address
2557 N. TAMIAMI TRAIL
NORTH FT. MYERS
FLA. 33903

FILED
1995 MAY 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number | ☐ 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

CECIL McCLANAHAN
2557 NORTH TAMIAMI TR #51
NORTH FT. MYERS
FLORIDA 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 / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT STOWELL LEONARD TR #36 2557 N. TAMIAMI N.FT. MYERS FLA 33903	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VICE PRESIDENT TRAVAILLAUD PIERRE 2557 N. TAMIAMI TR #60 N. FT. MYERS FLA. 33903	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☒ Addition VICE PRESIDENT McCLANAHAN CECIL 2557 N. TAMIAMI TR #51 N. FT. MYERS FLA 33903
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~SECRETARY~~ TREASURER O'BRIEN OLIVE 2557 N. TAMIAMI TR #8 N. FT. MYERS FLA 33903	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition LFT 5-15-95
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY INHOFF NORMA 2557 N. TAMIAMI TR #22 N.FT. MYERS FLA 33903	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR MITCHELL GEORGE 2557 N. TAMIAMI TR #27 N.FT.MYERS FLA 33903	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☒ Addition DIRECTOR REEVE ALICE 2557 N. TAMIAMI TR # 33 N. FT. MYERS FLA 33903

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: NORMA INHOFF Norma Inhoff Apr 21/95 813-656-4638 613-392-0939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #