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
MAY 1 1995
95 MAY -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J47636** **(2)**

1. Corporate Name
CAPITAL INCOME PROPERTIES, INC.

Principal Place of Business
1708 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308

Mailing Address
1708 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1986**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2747420**	☐ 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 [illegible] Florida Statutes ☐ Yes ☐ No	

21 Principal Place of Business
22 Suite, Apt. # etc.
23 City & State
24 [illegible] 25 [illegible]

26 Mailing Address
27 Suite, Apt. # etc.
28 City & State
29 [illegible] 30 County

9. Name and Address of Current Registered Agent

GRIMSLEY, GEORGE F.
1708 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308

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 Section 607.0502 and 607.1908, 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U.S.	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	CARTEE, GRAY I.	NAME	
STREET ADDRESS	2605 NOBLE DR.	STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	CITY ST ZIP	
TITLE	VPD	TITLE	☐ Change ☐ Addition
NAME	BOUTIN, RICHARD JR.	NAME	
STREET ADDRESS	1637 FERNANDO DRIVE	STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	CITY ST ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	BROWN, J.P. ,	NAME	
STREET ADDRESS	219 WESTRIDGE DRIVE	STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	CITY ST ZIP	
TITLE	TD	TITLE	☑ Change ☐ Addition
NAME	GIMSLEY, GEORGE	NAME	Grimsley, George
STREET ADDRESS	1708 METROPOLITAN BLVD	STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WADILL, BEN	NAME	
STREET ADDRESS	1708 METROPOLITAN BLVD	STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MURRAY, E. EDWARD JR.	NAME	
STREET ADDRESS	1001 THOMASVILLE RD.	STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is true, complete and accurate. For profit corporations, I further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or on an attachment with an asterisk.

SIGNATURE: [signature] Pres.
SIGNATURE AND TITLE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-28-95
Date

904-386-2600
Daytime Phone #

0007430 CF

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # J48259 (2)

1. Corporate Name
THE BARNHILL CORPORATION

Principal Place of Business: 3150 N. WOODLAND BLVD, DELAND FL 32720

Mailing Address: 3150 N. WOODLAND BLVD, DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2752455 ☐ Applied For ☐ Not Applicable

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

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAUER, KIRK T.
223 S. WOODLAND BLVD
DELAND FL 32720

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAYTON, JAMES B.
STREET ADDRESS	P.O. BOX 38, NA
CITY-ST-ZIP	DELEON SPRINGS FL
TITLE	VD
NAME	BLANCHARD, JOSEPH R.
STREET ADDRESS	1510 BERKLEY RD.
CITY-ST-ZIP	COLUMBIA SC
TITLE	SD
NAME	BAUER, KIRK T.
STREET ADDRESS	223 S WOODLAND BLVD
CITY-ST-ZIP	DELAND FL
TITLE	TD
NAME	RILEY, CHRISTOPHER A.
STREET ADDRESS	3150 N. WOODLAND BLVD
CITY-ST-ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

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(1)(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: James B. Clayton [signature] 5-1-95 904-985-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0030719 CP