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
... 23 AM 10:15
... OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J57702 (9)

1. Corporation Name
SUNCOAST PROPERTIES OF MARION COUNTY, INC.

Principal Place of Business: ~~3936 SE 23RD CT~~ ~~P.O. BOX 426~~ OCALA FL ~~34478~~ US

Mailing Address: ~~3936 SE 23RD CT~~ ~~P.O. BOX 426~~ OCALA FL ~~34478~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1987
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business: 21 3936 SE 23rd TERR.
Suite, Apt. #, etc.: 22
City & State: 23 OCALA, FL
Zip: 24 34480 Country: 25

2a. Mailing Address: 26 3936 SE 23rd TERR.
Suite, Apt. #, etc.: 27
City & State: 28 OCALA, FL
Zip: 29 34480 Country: 30

4. FEI Number: 59-2795466 — 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

FULFORD, THOMAS C.
3936 SE 23RD TERR
OCALA FL 34480

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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FULFORD, THOMAS C.
STREET ADDRESS	3936 SE 23RD COURT
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	3936 SE 23rd TERR.
CITY-ST-ZIP	OCALA, FL 34480

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 the 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: Thomas C Fulford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas C Fulford

5-15-95 Date — 904 732-6645 Daytime Phone #

0353406 CP