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
95 JAN 23 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J90156 (7)

1. Corporation Name
PROPERTY MANAGEMENT & LEASING, INC.

Principal Place of Business	Mailing Address
~~4000 ST. JOHNS AVENUE~~ ~~SUITE 13A~~ JACKSONVILLE FL 32205 US	P.O. BOX 40105 JACKSONVILLE FL 32203-0105 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1987
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21: 4560 LENOX AVE
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

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

4. FEI Number: 59-2838630 ☐ 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

O'CONNOR, JOHN W.
~~4000 ST JOHNS AVE~~ ~~SUITE 13A~~
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4560 LENOX AVE
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: John W. O'Connor John W. O'Connor 1/17/95
Signature, typed or printed name of registered agent (if not the same as above) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	O'CONNOR, JOHN W.	1.2 NAME	
STREET ADDRESS	~~4000 ST JOHNS AVE #13A~~	1.3 STREET ADDRESS	4560 LENOX AVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32205
TITLE	VST	2.1 TITLE	☒ Change ☐ Addition
NAME	DRIGGERS, DEBBIE J.	2.2 NAME	
STREET ADDRESS	~~4000 ST JOHNS AVE #13A~~	2.3 STREET ADDRESS	4560 LENOX AVE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32205
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	DRIGGERS, DEBBIE, J	3.2 NAME	
STREET ADDRESS	~~4000 ST JOHNS AVE #10A~~	3.3 STREET ADDRESS	4560 LENOX AVE
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	32205
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: John W. O'Connor / President John W. O'Connor 1/17/95 904/384-6699
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022332 CP