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
95 MAY 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J92639** **(0)**

1. Corporation Name
LIMEWOOD, INC.

Principal Place of Business	Mailing Address
1626 90TH AVE P.O. BOX 370 VERO BEACH FL 32961-7370	1626 90TH AVE P.O. BOX 370 VERO BEACH FL 32961-7370

3. Date Incorporated or Qualified: **09/08/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0004083** ☐ 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 **XX** No

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

9. Name and Address of Current Registered Agent

KAHLE, GEORGE A.
1626 90TH AVE
VERO BEACH FL 32966

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	KAHLE, GEORGE A.	1 NAME	
STREET ADDRESS	6020 5TH ST SW	1 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1 CITY-ST-ZIP	
TITLE	VDS	2 TITLE	☐ Change ☐ Addition
NAME	LUTHER, JOHN M.	2 NAME	
STREET ADDRESS	555 SOUTH A1A	2 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2 CITY-ST-ZIP	
TITLE	DV	3 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, DAN K.	3 NAME	
STREET ADDRESS	1855-28TH AVE.	3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3 CITY-ST-ZIP	
TITLE	ST	4 TITLE	☐ Change ☐ Addition
NAME	PEREZ, TOMAS RENE	4 NAME	
STREET ADDRESS	2019 CORTEZ AVE	4 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(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: [signature] 5/4/95 407-567-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tomas Rene Perez - Treasurer

0074650 CP