SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:39

DOCUMENT # K46231 (2)

1. Corporation Name

SOUTHMAC INVESTMENTS, INC.

Principal Place of Business	Mailing Address
%THOMAS R. ALLEN 390 N ORANGE AVE. S1300 ORLANDO FL 32801 US	%THOMAS R. ALLEN P O BOX 2471 ORLANDO FL 32802 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1988
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business
21: 340 N. Orange Avenue
Suite, Apt. #, etc. 22: None
City & State 23: Orlando, FL
Zip 24: 32801 County 25: Orange

2a. Mailing Address
26: P. O. Box 3628
Suite, Apt. #, etc. 27: None
City & State 28: Orlando, FL
Zip 29: 32802-3628 County 30: Orange

4. FEI Number: 59-2926742 ☐ 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

ALLEN, THOMAS R.
390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

91 Name: Thomas R. Allen
92 Street Address (P.O. Box Number is Not Acceptable): 340 N. Orange Avenue
93: Orlando, FL 32801
94 City: Orlando FL 95 Zip Code: 32801

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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	ALLEN, THOMAS R.	12 NAME	Thomas R. Allen	
STREET ADDRESS	390 N ORANGE AVE #1300	13 STREET ADDRESS	340 N. Orange Avenue	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL 32801	
TITLE	DVS	21 TITLE		☐ Change ☐ Addition
NAME	BUILDER, J. LINDSAY JR.	22 NAME		
STREET ADDRESS	390 N ORANGE AVE #1300	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	BUILDER, J. LINDSAY JR.	32 NAME		
STREET ADDRESS	390 N ORANGE AVE #1300	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	MACARTHUR, WILLIAM H.	42 NAME		
STREET ADDRESS	401 W. COLONIAL DR. STE. 7	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32804	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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: Thomas R. Allen, President 6/8/95 407/422-8250
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Thomas R. Allen

0133060 FP