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 -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K68860** **(1)**

1. Corporate Name

DEERWOOD INVESTMENT CORP.

Principal Place of Business

% JAMES K. LEEWARD
7801 S.E. 58TH AVENUE
OCALA FL 32671-7727

Mailing Address

% JAMES K. LEEWARD
7801 S.E. 58TH AVENUE
OCALA FL 32671-7727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/22/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-2939515**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 34480-7727 24 / County 25	Zip 34480-7727 29 / County 30	8. This corporation was/is/will be an entity for purposes of Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LEEWARD, JAMES K.
7801 S.E. 58TH AVENUE
OCALA FL 32672

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:

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent's address, Registered Agent must sign here.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	X Change ☐ Addition
12 NAME	LEEWARD, JAMES K.	12 NAME	
13 STREET ADDRESS	7801 S.E. 58TH AVENUE	13 STREET ADDRESS	
14 CITY ST ZIP	OCALA FL	14 CITY ST ZIP	34480-7727
21 TITLE	VS	21 TITLE	X Change ☐ Addition
22 NAME	LEEWARD, DIRK J	22 NAME	
23 STREET ADDRESS	7801 SE 58TH AVE	23 STREET ADDRESS	
24 CITY ST ZIP	OCALA FL	24 CITY ST ZIP	34480-7727
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing 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 11 or Block 13 above, or on an attachment with an address.

SIGNATURE: BY: Dirk J. Leeward 5/1/95 (904) 245-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383832 CP