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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 FEB 28 PM 3:36

DOCUMENT # L11109 (0)

1. Corporation Name
MANOR PROPERTIES, INC.

Principal Place of Business	Mailing Address
% THOMPSON & FOOTE, P.A. 1130 CLEVELAND ST STE 270 CLEARWATER FL 34615	% THOMPSON & FOOTE, P.A. 1130 CLEVELAND ST STE 270 CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1989
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1150 Cleveland Steet	26 1150 Cleveland Street
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida
Zip / Country 24 34615 / 25 Pinellas	Zip / Country 29 34615 / 30 Pinellas

4. FEI Number: 59-2964972 ☐ 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

FOOTE, SALLY H.
1130 CLEVELAND STREET, SUITE 270
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: Foote, Sally H.
82 Street Address (P.O. Box Number is Not Acceptable): 1150 Cleveland Street
83 Suite 301
84 City: Clearwater FL 85 Zip Code: 34615

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: [signature] / Sally H. Foote DATE: 2/6/1995
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	LAFFORD, JOHN E.	1.2 NAME	
STREET ADDRESS	1130 CLEVELAND ST 270	1.3 STREET ADDRESS	1150 Cleveland Street, Suite 301
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, Florida 34615
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	LAFFORD, JEAN B.	2.2 NAME	
STREET ADDRESS	1130 CLEVELAND ST 270	2.3 STREET ADDRESS	1150 Cleveland Street, Suite 301
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, Florida 34615
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: [signature] (PRESIDENT) 19TH FEBRUARY 95 011 44 285 031374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Optional Phone #

084018 CP