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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 MAR 20 PM 2:23

DOCUMENT # **L35964** **(0)**

1. Corporation Name
WEDGEWOOD APARTMENTS, INC.

Principal Place of Business	Mailing Address
C/O DAVID A. KENNEDY 101 EAST KENNEDY BLVD. SUITE 2975 TAMPA FL 33602	C/O DAVID A. KENNEDY 101 EAST KENNEDY BLVD. SUITE 2975 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/13/1989**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 101 E. KENNEDY BLVD.	26 101 E. Kennedy
Suite, Apt. #, etc. 22 SUITE 3925	Suite, Apt. #, etc. 27 Suite 3925
City & State 23 TAMPA FL	City & State 28 Tampa FL
Zip / Country 24 33602 25	Zip / Country 29 33602 30

4. FEI Number: **59-2984863** ☐ 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	10. Name and Address of New Registered Agent
O'NEILL, ALBERT C. JR. 2700 BARNETT PLAZA TAMPA FL 33602	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 _____ DATE
(Signature of New Registered Agent, if changed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	FROST, MICHAEL H.	12 NAME		
STREET ADDRESS	101 E. KENNEDY BLVD.	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, DAVID A.	22 NAME		
STREET ADDRESS	101 E. KENNEDY BLVD.	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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		

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, trustee or other court appointed fiduciary 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: David A. Kennedy 3/17/95 813 221-7525
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DIRECTOR OR OFFICER (Date) (Telephone Number)
DAVID A. KENNEDY

0260212 CP