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 APR 25 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L77893 (0)

1. Corporation Name
MARKHAM WOODS REALTY, INC.

Principal Place of Business	Mailing Address
2200 GORDON DRIVE NAPLES FL 33940	2200 GORDON DRIVE NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1990
3a. Date of Last Report: 04/14/1994

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

4. FEI Number: 59-3014074 ☐ 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

A.G.C. CO.
2300 SUN BANK CENTER, 200 S ORANGE AVE.
ORLANDO FL 32801

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 _____ 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	S	1.1 TITLE		☐ Change ☐ Addition
NAME	SEXTON, DAVID N	1.2 NAME		
STREET ADDRESS	1167 THIRD ST SO	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	DE GROOTE, MICHAEL H.,JR	2.2 NAME		
STREET ADDRESS	1100 BURLOAK DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON,ONT,CAN.	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	PEKARUK, JERRY	3.2 NAME		
STREET ADDRESS	1100 BURLOAD DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON, ONT, CAN.	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	KAYE, STUART O	4.2 NAME	CAMERON KICKLIGHTER	
STREET ADDRESS	3060 PLAYER'S POINT	4.3 STREET ADDRESS	2180 W. STATE ROAD 434, SUITE 2110	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD, FLORIDA, 32779	
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	LUCHAK, FRED	5.2 NAME		
STREET ADDRESS	11 VICTORIA STREET, P.O. BOX HM 1065	5.3 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON HMEX BE	5.4 CITY-ST-ZIP		
TITLE	VS	6.1 TITLE		☐ Change ☐ Addition
NAME	UNDERWOOD, ROBERT	6.2 NAME		
STREET ADDRESS	1766 ALAQUA DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	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: Jerry Pekaruk JERRY PEKARUK 4/18/95 813-261-0436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0327103 CP