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 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L78140** **(5)**

1. Corporation Name
P.R.F. PROPERTIES, INC.

Principal Place of Business	Mailing Address
5800 MAIN STREET NEW PORT RICHEY FL 34652	5800 MAIN STREET NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: **06/04/1990**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business	2a. Mailing Address
21 **5808 Missouri Avenue**	26 **5808 Missouri Avenue**
Suite, Apt. #, etc 22 **Suite #6**	Suite, Apt. #, etc 27 **Suite #6**
City & State 23 **New Port Richey, FL**	City & State 28 **New Port Richey, FL**
Zip / Country 24 **34652** / 25 **USA**	Zip / Country 29 **34652** / 30 **USA**

4. FEI Number: **59-3022447** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STILLWAGON, LEWIS R.
5800 MAIN ST.
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: **Stillwagon, Lewis R.**
82 Street Address (P.O. Box Number is Not Acceptable): **5808 Missouri Avenue, Suite #6**
83
84 City: **New Port Richey** **FL** 85 Zip Code: **34652**

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, type(s) 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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	STILLWAGON, LEWIS R.	12 NAME	Stillwagon, Lewis R.	
STREET ADDRESS	5800 MAIN ST.	13 STREET ADDRESS	5808 Missouri Avenue, Suite #6	
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	MEREDITH, MERY L.	22 NAME	Meredith, Mery L.	
STREET ADDRESS	5800 MAIN ST.	23 STREET ADDRESS	5808 Missouri Avenue, Suite #6	
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	New Port Richey, FL 34652	
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 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: Lewis R Stillwagon 4/27/95 813-848 2657
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Telephone #
LEWIS R. STILLWAGON

0383705 CP