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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 10: 41

DOCUMENT # M70255 (8)

1. Corporation Name
FOREMOST PROPERTIES, INC.

Principal Place of Business
~~6075 LINNEAL BEACH DR.~~
APOLKA FL 32703
US

Mailing Address
P.O. BOX 162074
ALTAMONTE SPRINGS FL 32716
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2882479 | Applied For | Not Applicable

2. Principal Place of Business
21 3125 Cecelia Dr.
22 Suite, Apt. #, etc. — 0 —
23 City & State: Apopka, FL
24 Zip: 32703
25 Country: Seminole

2a. Mailing Address
26 ~~Apopka~~ SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

QUIGLEY, W.B.
6075 LINNEAL BEACH DRIVE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name: W. B. Quigley
82 Street Address (P.O. Box Number is Not Acceptable): 3125 Cecelia Drive
83
84 City: Apopka FL 85 Zip Code: 32703

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: W. B. Quigley, Pres. (W. B. Quigley) — Feb. 7, '95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUIGLEY, W. B.
STREET ADDRESS	6075 LINNEAL BEACH DRIVE
CITY-ST-ZIP	APOPKA FL
TITLE	ST
NAME	QUIGLEY, ELEANOR G.
STREET ADDRESS	6075 LINNEAL BEACH DRIVE
CITY-ST-ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3125 Cecelia Dr.	
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3125 Cecelia Dr.	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(a), 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: W. B. Quigley (W.B. Quigley) — Feb. 7, '95 — 407-294-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0413041 FP