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

DO NOT WRITE IN THIS SPACE

DOCUMENT # M81670 (5)

1. Corporation Name

CRANBROOK DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
C/O RICHARD C. GRANT 5551 RIDGEWOOD DRIVE, #501 NAPLES FL 33963 US	~~C/O MERSHON SAWYER~~ 5551 RIDGEWOOD DR., #501 NAPLES FL 33963 US

2. Principal Place of Business	2a. Mailing Address
21 5801 Pelican Bay Boulevard	26 5801 Pelican Bay Boulevard
Suite, Apt #, etc. 22 Suite 400	Suite, Apt #, etc. 27 Suite 400
City & State 23 Naples, Florida	City & State 28 Naples, Florida
Zip 24 33963 / Country 25 Collier	Zip 29 33963 / Country 30 Collier

3. Date Incorporated or Qualified: 05/16/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0084099 ☐ 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

GRANT, RICHARD C. ESQ
~~MERSHON SAWYER JOHNSTON DUNWOODY & COLE~~
5551 RIDGEWOOD DRIVE, STE. 501
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: Richard C. Grant, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 5801 Pelican Bay Boulevard
83 Suite 400
84 City: Naples FL 85 Zip Code: 33963

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 ________ 5-22-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	1.1 TITLE	P V T S D C	☒ Change ☐ Addition
NAME	REED, DOUG	1.2 NAME	REED, DOUG	
STREET ADDRESS	796 CASSENA	1.3 STREET ADDRESS	661 N. LOGAN	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 33999	
TITLE	S	2.1 TITLE		☒ Change ☐ Addition
NAME	EBERHARDT, ERIC E.	2.2 NAME		
STREET ADDRESS	6170 CYPRESS HOLLOW WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
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)(k), 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: ________ 5-17-95 352-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0331007 CP