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 JUN -1 AM 10:58

DOCUMENT # **M93412** **(8)**

1. Corporation Name
IRIS COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
1920 PALM BEACH LAKES BLVD. STE. 202 WEST PALM BEACH FL 33409	1920 PALM BEACH LAKES BLVD. STE. 202 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 05/01/1994

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: 65-0066343 ☐ 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

WALDRON, THOMAS S.
1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: N. Griffin Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 1920 Palm Beach Lakes Blvd., Suite 202
83:
84 City: West Palm Beach FL 85 Zip Code: 33409

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: [signature] Pres. 5/32/95
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	ST	11 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	WALDRON, THOMAS S.	12 NAME	N. Griffin Wilson	
STREET ADDRESS	1920 PALM BCH LKS BLVD	13 STREET ADDRESS	1920 Palm Beach Lakes Blvd.	
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	W. Palm Beach, FL 33409	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	WALDRON, THOMAS S	22 NAME		
STREET ADDRESS	1920 PALM BCH LKS BLVD	23 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	24 CITY ST ZIP		
TITLE	V	31 TITLE	NONE	☒ Change ☐ Addition
NAME	WILSON, N. G	32 NAME		
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202	33 STREET ADDRESS		
CITY ST ZIP	W PALM BCH FL	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 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 added by this report.

SIGNATURE: [signature] N. Griffin Wilson, Pres. 5/32/95 407-689-4488
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240183 CP

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DIVISION OF CORPORATIONS

DOCUMENT # **M93547** **(1)**

1. Corporation Name
TAXCO OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
% EVERETT F. JONES 28 CARDOVA STREET ST. AUGUSTINE FL 32084	% EVERETT F. JONES 28 CARDOVA STREET ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/10/1988**
3a. Date of Last Report: **01/24/1994**

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

4. FEI Number: **59-2916074** ☐ 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

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

9. Name and Address of Current Registered Agent

JONES, EVERETT F.
28 CORDOVA STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3149 N. Ponce de Leon Blvd Ste 9
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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 current or proposed registered agent and title, if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PORTER, BEVERLY J.	12 NAME	
STREET ADDRESS	2980 BAY STREET	13 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	PORTER, ROBERT K.	22 NAME	
STREET ADDRESS	2980 BAY STREET	23 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, WILLIAM W.	32 NAME	
STREET ADDRESS	231 CIRCLE DRIVE E.	33 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MICHELE C.	42 NAME	
STREET ADDRESS	231 CIRCLE DRIVE E.	43 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	SLUDER, MARGARET	52 NAME	D Knee, Jack
STREET ADDRESS	3004 H LAWNDALE DRIVE	53 STREET ADDRESS	4 Carole CT
CITY ST ZIP	GREENSBORO NC	54 CITY ST ZIP	St Augustine Bch, FL 32084
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: Beverly Porter Beverly Porter 6/1/95 904 824 3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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