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 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M95583 (4)

1. Corporation Name

PROSPERITY PROPERTIES OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
790 N PONCE DE LEON BLVD 116 SAN RAFAEL ROAD ST. AUGUSTINE FL 32084 US	P O BOX 1690 116 SAN RAFAEL ROAD ST. AUGUSTINE FL 32085 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1988
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 790 N Ponce de Leon Blvd
22 Suite, Apt. #, etc.:
23 City & State: St. Augustine, FL
24 Zip: 32084
25 Country: US

2a. Mailing Address
26: P.O. Box 1690
27 Suite, Apt. #, etc.:
28 City & State: St. Augustine, FL
29 Zip: 32085
30 Country: US

4. FEI Number: 59-2910728 ☐ 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

LESTER, JOHN A.
116 SAN RAFAEL ROAD
ST. AUGUSTINE FL 32084

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 _____ (Signature, Typed or Printed Name of Registered Agent, and Title if applicable) (MUST: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LESTER, JOHN A.	12 NAME	
STREET ADDRESS	116 SAN RAFAEL ROAD	13 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	UPCHURCH, HAMILTON D.	22 NAME	
STREET ADDRESS	700 WILDWOOD DRIVE	23 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	24 CITY ST ZIP	
TITLE	DST	31 TITLE	DST ☒ Change ☐ Addition
NAME	PACETTI, DAVID F.	32 NAME	Black, Richard K.
STREET ADDRESS	62 VALENCIA STREET	33 STREET ADDRESS	790 Ponce de Leon Blvd.
CITY ST ZIP	ST. AUGUSTINE FL	34 CITY ST ZIP	St. Augustine, FL 32085
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 changed, or on an attachment with an address.

SIGNATURE: John A. Lester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0402224 FP