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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M95670** **(9)**

1. Corporation Name
CROSSROAD PROPERTIES, INC.

Principal Place of Business	Mailing Address
1500 N.W. LAKESIDE TRAIL STUART FL 34994	1500 N.W. LAKESIDE TRAIL STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1988
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 902 NW Sunset Terrace	26 902 NW Sunset Terrace
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stuart, Fl. 34994	City & State 28 Stuart, Fl. 34994
Zip 24 34994 Country 25 USA	Zip 29 34994 Country 30 USA

4. FEI Number: 65-0076327 ☐ 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	10. Name and Address of New Registered Agent
MORSE, DOUGLAS J. 1500 N.W. LAKESIDE TRAIL STUART FL 34994	81 Name: Morse, Douglas J. 82 Street Address (P.O. Box Number is Not Acceptable): 902 NW Sunset Terrace 83 84 City: Stuart, FL 85 Zip Code: 34994

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: Douglas Morse, Jun (DOUGLAS J. MORSE) 4/10/95
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	VS	11 TITLE		☒ Change ☐ Addition
NAME	MORSE, DOROTHY SUE	12 NAME		
STREET ADDRESS	1500 N.W. LAKESIDE TRAIL	13 STREET ADDRESS	902 NW Sunset Terrace	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	Stuart, Fl. 34994	
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	MORSE, DOUGLAS J.	22 NAME		
STREET ADDRESS	1500 N.W. LAKESIDE TRAIL	23 STREET ADDRESS	902 NW Sunset Terrace	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	Stuart, Fl. 34994	
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	BREDENKAMP, JOHN HENRY	32 NAME		
STREET ADDRESS	1500 N.W. LAKESIDE TRAIL	33 STREET ADDRESS	902 NW Sunset Terrace	
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP	Stuart, Fl. 34994	
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)(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: Douglas Morse, Jun (DOUGLAS J. MORSE) 4/10/95 407-287-0885
SIGNATURE AND (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 CP