FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 27 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07761 (2)

1. Corporation Name
ARGYLE COMMERCIAL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DR S S600 JACKSONVILLE FL 32216-0958 US	PO BOX 16425 JACKSONVILLE FL 32245-6425 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1985
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-3192258 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 9551 Baymeadows Rd.
Suite, Apt. #, etc.
22 Suite 4
City & State
23 Jacksonville Fl
Zip 24 32256 Country 25 Duval

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

9. Name and Address of Current Registered Agent
MCCALEB, SCOTT L
6620 SOUTHPOINT DR S
S600
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
01 Name: Wallace, L.D.
02 Street Address (P.O. Box Number is Not Acceptable): 9551 Baymeadows Rd.
03 Suite 4
04 City: Jacksonville FL 05 Zip Code: 32256

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: L. D. Wallace — L. Denise Wallace — 3/30/95
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	DPT	1.1 TITLE	V/T	☒ Change ☐ Addition
NAME	MCCALEB, SCOTT L	1.2 NAME	McCaleb, Scott L.	
STREET ADDRESS	6620 SOUTHPOINT DR S, S600	1.3 STREET ADDRESS	9551 Baymeadows Rd. Suite 4	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VS	2.1 TITLE	S	☒ Change ☐ Addition
NAME	MCCALEB, JANET A	2.2 NAME	Wallace, L.D.	
STREET ADDRESS	6620 SOUTHPOINT DR S S600	2.3 STREET ADDRESS	9551 Baymeadows Rd. Suite 4	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	3.1 TITLE	D/P	☒ Change ☐ Addition
NAME	LYONS, JOHN H III	3.2 NAME	Dean, William M.	
STREET ADDRESS	3780 TAMPA RD S111	3.3 STREET ADDRESS	501 North A1A Suite 204	
CITY-ST-ZIP	OLMAR FL	3.4 CITY-ST-ZIP	Jupiter, FL 33477	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Osburn, Stephen H.	
STREET ADDRESS		4.3 STREET ADDRESS	501 North A1A Suite 204	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jupiter, FL 33477	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Jones, Patricia	
STREET ADDRESS		5.3 STREET ADDRESS	1801 Market St.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Philadelphia, PA 19103-1699	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. D. Wallace — L. Denise Wallace, Secretary — 3/30/95 — 904-276-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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