

**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 MAY -1 PM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000005529 (3)**

1. Corporation Name

**THE ROBERT MELTON FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/08/1993</b>                                                                                                         | 3a. Date of Last Report<br><b>09/09/1994</b>           |
| 4. FEI Number<br><b>59-3227251</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input type="checkbox"/>                                                                               | <b>\$68.75 Supplemental Fee Not Required</b>           |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                          |                        |                                     |  |
|------------------------------------------|------------------------|-------------------------------------|--|
| Principal Place of Business              |                        | Mailing Address                     |  |
| 631 DRIFTWOOD DR.<br>LYNN HAVEN FL 32444 |                        | P.O. BOX 457<br>LYNN HAVEN FL 32444 |  |
| 2. Principal Place of Business           | 2a. Mailing Address    |                                     |  |
| 21 Suite, Apt. #, etc.                   | 26 Suite, Apt. #, etc. |                                     |  |
| 22 City & State                          | 27 City & State        |                                     |  |
| 23 Zip                                   | 28 Country             |                                     |  |
| 24 Zip                                   | 25 Country             |                                     |  |
| 29 Zip                                   | 30 Country             |                                     |  |

|                                                            |  |
|------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent            |  |
| WARESH, LELA M<br>631 DRIFTWOOD DR.<br>LYNN HAVEN FL 32444 |  |

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PO                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WARESH, MICHAEL D   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 95 SAYRE DRIVE      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | PRINCETON NJ 08540  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | SD                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WARESH, LELA M      | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 631 DRIFTWOOD DR.   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LYNN HAVEN FL 32444 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WARESH, JULIE G     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 631 DRIFTWOOD DR    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LYNN HAVEN FL 32444 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Lela Melton Waresch 4/26/95 904-265-8103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed