**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 JUL 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P09428** **(4)**

1. Corporation Name
**ROUSE & ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1200 GULF LIFE DRIVE. SUITE 315<br>JACKSONVILLE FL 32207 | 1200 GULF LIFE DRIVE. SUITE 315<br>JACKSONVILLE FL 32207 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/17/1986 | 3a. Date of Last Report: 06/03/1994 |
| 4. FEI Number: 23-2289481 | ☐ 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 | |

| 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) |

9. Name and Address of Current Registered Agent

HAMMERS, DAVID C
2636 LIGHTHOUSE BEND DRIVE
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name: John A. Castorina
82 Street Address (P.O. Box Number is Not Acceptable): Liberty Property Trust
83: 1200 Riverplace Boulevard, Ste. 315
84 City: Jacksonville **FL** 85 Zip Code: 32207

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: Willard G Rouse III — DATE: 7/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROUSE, WILLARD G. III | 1.2 NAME | |
| STREET ADDRESS | RD #2, DIAMOND ROCK RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PHOENIXVILLE PA | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAMMERS, DAVID C. | 2.2 NAME | |
| STREET ADDRESS | 2636 LIGHTHOUSE BEND DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32082 | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | CONGDON, GEORGE F. | 3.2 NAME | |
| STREET ADDRESS | 205 BENJAMIN DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST CHESTER PA | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/95)

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:** Willard G Rouse III — 7/10/95 — 610-648-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Willard G. Rouse III

0008230 CP