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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:28

DOCUMENT # P11119 (5)

1. Corporation Name
ACADIA MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
RT. 4 BOX 1036 LITTLE TORCH KEY FL 33042-9607	RT. 4 BOX 1036 LITTLE TORCH KEY FL 33042-9607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1986
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business — 21: SAME
2a. Mailing Address — 26: SAME
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

4. FEI Number: 62-1228187 ☐ 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

WOODSON, BEN H.
RT 4 BOX 1036
LITTLE TORCH KEY FL 33042

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 _____ DATE
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	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROTH, JOSEPH , JR.	1.2 NAME	
STREET ADDRESS	84001 OVERSEAS HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WORTHINGTON	2.2 NAME	
STREET ADDRESS	999 BLACKBEARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE TORCH KEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RICE, JACK V.	3.2 NAME	
STREET ADDRESS	4074 BARRONE WAY	3.3. STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RAINES, RICHARD	4.2 NAME	
STREET ADDRESS	1325 EAST MORELAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODSON, BEN H.	5.2 NAME	
STREET ADDRESS	RT. 4 BOX 1036	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE TORCH KEY FL	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	

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: _____ 3-1-95 (305) 872-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ben H. Woodson, President

0117001 CP