FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P19507 (3)

1. Corporation Name

FRP DEVELOPMENT CORP.

Principal Place of Business

34 LOVETON CENTER
34 LOVETON CIR STE 100
SPARKS MD 21152

Mailing Address

34 LOVETON CENTER
34 LOVETON CIR STE 100
SPARKS MD 21152

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualified: **06/03/1988**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **58-1794556** ☐ 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

CARLSON, RUGGLES B.
155 EAST 21ST STREET
JACKSONVILLE FL 32206

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 617.1508, 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 ______

12. OFFICERS AND DIRECTORS

Field	Officers and Directors	
TITLE	DC	☐ DELETE
NAME	ANDERSON, JOHN E.	
STREET ADDRESS	155 E. 21ST ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	DEVILLIERS, DAVID H. JR.	
STREET ADDRESS	34 LOVETON CIR STE 100	
CITY-ST-ZIP	SPARKS MD	
TITLE	SD	☐ DELETE
NAME	FRICK, DENNIS D	
STREET ADDRESS	155 E. 21ST ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AST	☐ DELETE
NAME	RAYBURN, GEORGE THOMAS	
STREET ADDRESS	34 LOVETON CIR STE 100	
CITY-ST-ZIP	SPARKS MD	
TITLE	VP	☐ DELETE
NAME	CARLSON, RUGGLES B	
STREET ADDRESS	155 E 21ST ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] 2/8/96 904-355-1781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis D. Frick