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

APPROVED AND FILED

95 APR 18 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24609** **(0)**

1. Corporation Name

THE BRIAR PATCH MANAGEMENT CORP.

Principal Place of Business	Mailing Address
1910 WELLS RD STE B25, ORANGE PARK MALL ORANGE PARK FL 32073 US	7505 WATERS AVE., #C-14 SAVANNAH GA 31406-3825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/05/1989**
3a. Date of Last Report: **04/22/1994**

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
County — 25
Zip — 29
County — 30

4. FEI Number: **58-1036352** ☐ 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

~~RETANA, CHRISTY~~
~~5441 MORET DR E~~
~~JACKSONVILLE 32244~~
Cindea, Barbara
3575 Dear Run S
Palm Harbor, FL 34684

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: Barbara Cindea
(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	PTD	11 TITLE		☐ Change ☐ Addition
NAME	BUCHMAN, JAMES J.	12 NAME		
STREET ADDRESS	324 BRADLEY PT RD.	13 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA	14 CITY-ST-ZIP		
TITLE	~~VD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~BUCHMAN, JAMES J.~~	22 NAME		
STREET ADDRESS	~~324 BRADLEY PT RD.~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~SAVANNAH GA~~	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BUCHMAN, MARI T.	32 NAME		
STREET ADDRESS	324 BRADLEY PT RD.	33 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: G L Carter Acct Mgr
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0475471 FP