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 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31581** **(2)**

1. Corporation Name
ARBOR PROPERTIES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
2750 OLD ST. AUGUSTINE RD. OFFICE TALLAHASSEE FL 36107 US	2600 SPRUCE STREET, SUITE A MONTGOMERY AL 36107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/30/1990	02/01/1994

2495 Meadowridge Lane

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 [redacted]	63-1027963	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State Montgomery, AL. 28 [redacted]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 36117 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOOTH, ED ESQ BOSHM, BROWN, RIGDON, SEACREST, & FISHER 1425 E. PIEDMONT DR, STE. 201 TALLAHASSEE FL 32317	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 607.150(8), 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 Date of Signature) (NOTE: Registered Agent signature required where mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	[redacted]	☒ Change ☐ Addition
NAME	THAMES, WILLIAM G.	12 NAME		
STREET ADDRESS	2600 SPRUCE ST., STE. A	13 STREET ADDRESS	2600 Meadow Ridge Lane	
CITY-ST-ZIP	MONTGOMERY AL	14 CITY-ST-ZIP	Montgomery, AL 36117	
TITLE	PDS	21 TITLE		☒ Change ☐ Addition
NAME	THAMES, W. GORDON, JR.	22 NAME		
STREET ADDRESS	2600 SPRUCE ST., STE. A	23 STREET ADDRESS	2600 Meadow Ridge Lane	
CITY-ST-ZIP	MONTGOMERY AL	24 CITY-ST-ZIP	Montgomery, AL 36117	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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: W. Gordon Thames, President (William Gordon Thames, JR.) 4/24/95 904-656-7667
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0466869 FP