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 26 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40182** **(8)**

1. Corporation Name
KRISTINA DEVELOPMENT CORPORATION

Principal Place of Business
~~56~~ HYPOLITA STREET
ST. AUGUSTINE FL 32084

Mailing Address
~~56~~ HYPOLITA STREET
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business (21): 56 HYPOLITA STREET
2a. Mailing Address (26): 56 HYPOLITA STREET
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 36-3538213 ☐ 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. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEINSHILBOUM, ROBERT S.
~~PUERTO ESPANOL, 41 HYPOLITA ST.~~ 56 HYPOLITA ST.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 Robert Weinshilboum 4/24/95
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	CP	1.1 TITLE	CP	☒ Change ☐ Addition
NAME	WEINSHILBOUM, KRIS C.	1.2 NAME	WEINSHILBOUM, KRIS C.	
STREET ADDRESS	~~317 ST. GEORGE ST.~~	1.3 STREET ADDRESS	167 OCEAN HOLLOW LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	DS	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	WEINSHILBOUM, ROBERT	2.2 NAME	WEINSHILBOUM, ROBERT	
STREET ADDRESS	~~317 ST. GEORGE ST.~~	2.3 STREET ADDRESS	167 OCEAN HOLLOW LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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		

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: Robert Weinshilboum 4/24/95 904-824-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
ROBERT WEINSHILBOUM TREASURER

0008071 CP