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95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000004918 (7)

1. Corporation Name
FOUNTAIN ESTATES, INC.

Principal Place of Business	Mailing Address
2195 OAK FOREST LANE PALM HARBOR FL 34683 US	2181 OAK FOREST LANE PALM HARBOR FL 34683 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21 1090 Royal Blvd
Suite, Apt. #, etc. 22
City & State 23 Palm Harbor, Florida
Zip 24 34684 Country 25 Pinellas

2a. Mailing Address
26 1090 Royal Blvd
Suite, Apt. #, etc. 27
City & State 28 Palm Harbor, Florida
Zip 29 34684 Country 30 Pinellas

4. FEI Number: 59-3211633 ☐ 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

LARSON, CECILIA
2181 OAK FOREST LANE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Cecilia Larson
82 Street Address (P.O. Box Number is Not Acceptable): 1090 Royal Blvd
83
84 City: Palm Harbor, Florida FL 85 Zip Code: 34684

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	D	11 TITLE	D ☐ Change ☐ Addition
NAME	HARRIS, ROGER	12 NAME	HARRIS, ROGER
STREET ADDRESS	2181 OAK FOREST LANE	13 STREET ADDRESS	1090 Royal Blvd,
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	Palm Harbor, Florida 34684
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
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: Roger Harris, President May 9/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR (Date)

0366107 CP