SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:32

DOCUMENT # P93000017115 (5)

1. Corporation Name
MONARCH PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
505 AZALEA AVE FT PIERCE FL 34982 US	505 AZALEA AVE FT PIERCE FL 34982 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 451 WATERS DRIVE
22 Suite, Apt. #, etc.
23 City & State: FT. PIERCE, FL
24 Zip: 34946
25 County: USA

2a. Mailing Address
26 451 WATERS DRIVE
27 Suite, Apt. #, etc.
28 City & State: FT. PIERCE FL
29 Zip: 34946
30 Country: USA

4. FEI Number: 65-0397494 ☐ 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

MACOMBER, JAMES
505 AZALEA AVE
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: MACOMBER JAMES
82 Street Address (P.O. Box Number is Not Acceptable): 451 WATERS DRIVE
83
84 City: FT. PIERCE FL 85 Zip Code: 34946

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	☒ Change	☐ Addition
NAME	MACOMBER, JAMES	12 NAME		
STREET ADDRESS	505 AZALEA AVE	13 STREET ADDRESS	451 WATERS DRIVE	
CITY ST ZIP	FT PIERCE FL	14 CITY ST ZIP	FT. PIERCE FL 34946	
TITLE	D	21 TITLE	☒ Change	☐ Addition
NAME	MACOMBER, JUDITH	22 NAME		
STREET ADDRESS	505 AZALEA AVE	23 STREET ADDRESS	451 WATERS DRIVE	
CITY ST ZIP	FT PIERCE FL	24 CITY ST ZIP	FT. PIERCE, FL 34946	
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		

CR2E034 (3/95)

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)(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: J. MACOMBER 6/26/95 407-585-9839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0110650 CP