FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000029761 (2)**

1 Corporate Name

SABAL CREEK DEVELOPMENT, INC.

Principal Address

3921 S. NOVA RD.
PORT ORANGE FL 32127

Mailing Address

3921 S. NOVA RD.
PORT ORANGE FL 32127

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 04/23/1993

3a. Date of Last Report: 04/19/1994

2 Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City, State — 23 / 28

Zip — 24 / Country — 25 / 29 / 30

4. FEI Number: 59-3187402 — 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 § 199.032 Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLIGER, GUS 3921 S. NOVA RD. PORT ORANGE FL 32127	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 Section 607.0505 and 607.0508 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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
Title Name Street Address City, St., Zip	D SLIGER, GUS 3921 S. NOVA RD. PORT ORANGE FL 32127	11 Title 12 Name 13 Street Address 14 City, St., Zip	☐ Change ☐ Addition
Title Name Street Address City, St., Zip	D BLEDSOE, JAMES R 952 BIG TREE ROAD SOUTH DAYTONA FL	21 Title 22 Name 23 Street Address 24 City, St., Zip	☐ Change X Addition ZIP 32121
Title Name Street Address City, St., Zip		31 Title 32 Name 33 Street Address 34 City, St., Zip	☐ Change ☐ Addition
Title Name Street Address City, St., Zip		41 Title 42 Name 43 Street Address 44 City, St., Zip	☐ Change ☐ Addition
Title Name Street Address City, St., Zip		51 Title 52 Name 53 Street Address 54 City, St., Zip	☐ Change ☐ Addition
Title Name Street Address City, St., Zip		61 Title 62 Name 63 Street Address 64 City, St., Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the penalties stated in Section 817.155 Florida Statutes. Further certify that the information regarding the 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 other agent with authority to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above or in an attachment with an address.

SIGNATURE: ✓ PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUS SLIGER

✓5/2/95 (904)761-5385

Date — Daytime Phone

0012027 CP