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 # P93000036929 (6)

1. Corporation Name

DAN MILLER REALTY, INC.

Principal Place of Business:
8680 COLLEGE PKWY
#240
FORT MYERS FL 33919
US

Mailing Address:
POST OFFICE BOX 7527
FORT MYERS FL 33911

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1993

3a. Date of Last Report: 06/10/1994

4. FEI Number: 65-0413402 ☐ 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

2. Principal Office If Changed: 21 ___ 22 Suite, Apt. # etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___

2a. Mailing Address: 26 ___ 27 Suite, Apt. # etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

9. Name and Address of Current Registered Agent

WINESETT, RICHARD W
2248 FIRST ST.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

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 617.0502, 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 12	
TITLE	D	TITLE	DANIEL E. Miller ☒ Change ☐ Addition
NAME	MILLER, DANIEL L	NAME	
STREET ADDRESS	P.O. BOX 7527 N/A	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33911	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0450487 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P93000036946 (0)**

1. Corporate Name

CITRUS RECOVERY CORPORATION

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1717 INDIAN RIVER BLVD. STE 100 VERO BEACH FL 32960 US	1717 INDIAN RIVER BLVD. STE 100 VERO BEACH FL 32960 US

3. Date Incorporated or Qualified: **05/21/1993**
3a. Date of Last Report: **07/12/1994**

4. FEI Number: **65-0415993** — 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 / **X** No

2. Principal Place of Business — 21 Street Address; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address — 26; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

9. Name and Address of Current Registered Agent

SPEIGHT, HENRY O
1717 INDIAN RVR BLVD
STE 100
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

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 607.1508, 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 ______ 5/5/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	Change / Addition
NAME	BRACKETT, ROBERT L	
STREET ADDRESS	1717 INDIAN RIVER BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	Change / Addition
NAME	GRAVES, ROBERT JR	
STREET ADDRESS	1717 INDIAN RIVER BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	Change / Addition
NAME	SCHLITT, LOUIS L	
STREET ADDRESS	1717 INDIAN RIVER BLVD.	
CITY-ST-ZIP	VERO BEACH FK 32960	
TITLE	D	Change / Addition
NAME	SMITH, WALTER E JR	
STREET ADDRESS	1717 INDIAN RIVER BLVD.	
CITY-ST-ZIP	VERO BEACH FK 32960	
TITLE	D	Change / Addition
NAME	THOMPSON, JAMES R	
STREET ADDRESS	1717 INDIAN RIVER BLVD.	
CITY-ST-ZIP	VERO BEACH FK 32960	
TITLE	D	Change / Addition
NAME	COX, JR J	
STREET ADDRESS	1717 INDIAN RVR BLVD STE 100	
CITY-ST-ZIP	VERO BEACH FK	

14. I 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)(x), 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: ______ Josh C. Cox, Jr. Director 5/5/95 (407) 778-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0071316 CP