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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:17

DOCUMENT # **P93000037656 (4)**

1. Corporation Name

M M & P CONTRACTING & SUPPLY INC

Principal Place of Business	Mailing Address
P.O. BOX 33 INGLIS FL 34449	P.O. BOX 33 INGLIS FL 34449

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
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: 59-3182636 ☐ 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

REVELS, CHERYL J
77 ALLEN AVE
INGLIS FL 34449

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: X Cheryl J. Revels
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	D	11 TITLE	☐ Change ☐ Addition
NAME	REVELS, CHERYL J	12 NAME	
STREET ADDRESS	P.O. BOX 983 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL 34449	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REVELS, CLIFFORD H	22 NAME	
STREET ADDRESS	P.O. BOX 983 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL 34449	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: X Cheryl J. Revels
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0487107 FP

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FILED
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DIVISION OF CORPORATIONS
[illegible] 5 [illegible]

DOCUMENT # P93000037859 (4)

1. Corporation Name
SOUTHWOOD PROPERTIES, INC.

Principal Place of Business	Mailing Address
[crossed out] 1861 PLACIDA RD. SUITE 104 ENGLEWOOD FL 34223	[crossed out] 1861 PLACIDA RD. SUITE 104 ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5005 Seagrass	2a. Mailing Address: 26 5005 Seagrass Drive	3. Date Incorporated or Qualified: 05/26/1993	3a. Date of Last Report: 03/16/1994
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27	4. FEI Number: 65-0421796	☐ Applied For ☐ Not Applicable
City & State: 23 Venice, FL 34293	City & State: 28 Venice, FL 34293	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 24 34293 / County: 25 Sarasota	Zip: 29 34293 / County: 30 Sarasota	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

[crossed out] BATSEL, C. GUY
[crossed out] BATSEL [illegible] P.A.
[crossed out] 1861 PLACIDA RD., SUITE 104
[crossed out] ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: NONE
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 ______ 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	~~DP~~	1 1 TITLE	DPT ☐ Change ☒ Addition
NAME	~~PARKER, JAMES M~~	1 2 NAME	Brad Bishop
STREET ADDRESS	~~245 NORTH TAMIAMI TRAIL~~	1 3 STREET ADDRESS	12077 S.W. Kingsway Circle
CITY ST ZIP	~~VENICE FL~~	1 4 CITY ST ZIP	Lake Suzy, FL 33821
TITLE	~~DVP~~	2 1 TITLE	VPS ☐ Change ☒ Addition
NAME	~~BATSEL, C. GUY~~	2 2 NAME	Alexandra DeLaney
STREET ADDRESS	~~1861 PLACIDA RD., STE. 104~~	2 3 STREET ADDRESS	825 Harbor Drive, South
CITY ST ZIP	~~ENGLEWOOD FL~~	2 4 CITY ST ZIP	Venice, FL 34285
TITLE	DVP	3 1 TITLE	☐ Change ☐ Addition
NAME	SCHILLER, FRIEDRICH	3 2 NAME	
STREET ADDRESS	2424 MORNING DEW	3 3 STREET ADDRESS	
CITY ST ZIP	WICHITA KS	3 4 CITY ST ZIP	
TITLE	~~DST~~	4 1 TITLE	☐ Change ☐ Addition
NAME	~~FARHAT, PHILIP~~	4 2 NAME	Delete James M. Parker, Guy C.
STREET ADDRESS	~~1435 COLLINSWOOD BLVD~~	4 3 STREET ADDRESS	Batsel, Philip Farhat.
CITY ST ZIP	~~PORT CHARLOTTE FL~~	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)(k), 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: Brad Bishop — 5-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338181 CP