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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040819 (3)**

1. Corporation Name
EXCELL VACATION CONDOS CO.

Principal Place of Business	Mailing Address
14955 GULF BLVD MADEIRA BEACH FL 33708	14955 GULF BLVD MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1993**
3a. Date of Last Report: **08/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-3188314** ☐ 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

DUVERNAY, ALAN K
14955 GULF BLVD
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name: Goldie D. DuVernay
82 Street Address (P.O. Box Number is Not Acceptable): 14955 Gulf Blvd
83
84 City: Madeira Beach FL 85 Zip Code: 33708

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 Goldie D. DuVernay — DATE: 5-2-95
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered agent signature required when changing

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUVERNAY, GOLDIE D 9527 86TH AVE N SEMINOLE FL 34647	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P/S/T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUVERNAY, ALAN K 9527 86TH AVE N SEMINOLE FL 34647	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RANDALL IHMS, 5711 20TH AVE. NO. ST. PETERSBURG FL 33710	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP ☑ 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 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 Goldie D. DuVernay — 3-15-95 — 813-391-5512
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0310700 CP