

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:20

DOCUMENT # P93000041695 (6)

1. Corporation Name

SOUTH VOLUSIA PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 838 TAMPA FL 33601-0838		P.O. BOX 838 TAMPA FL 33601-0838	

21. Principal Place of Business	25. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
06/07/1993	01/19/1994
4. FEI Number	Applied For / Not Applicable
59-3186978	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing / Total Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 1901, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

LAU, MARY A
100 S. ASHLEY DR.
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

01. Name	
02. Street Address (P.O. Box Number is Not Acceptable)	
03. City	
04. State	FL
05. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 this appointment as registered agent familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: _____ (Signature of present name of registered agent and title, age, etc.) (If FEI - Registered Agent, signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND OFFICE TO BE REPORTED	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAU, JAMES V	2. NAME	
STREET ADDRESS	P O BOX 838 N/A	3. STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33601	4. CITY - ST - ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREADIE, DAVID W	6. NAME	
STREET ADDRESS	P O BOX 838 N/A	7. STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33601	8. CITY - ST - ZIP	
TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, TIMOTHY C	10. NAME	
STREET ADDRESS	P O BOX 838 N/A	11. STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33601	12. CITY - ST - ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. 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 190.01(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same kept open as if made under oath, that I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an alternate form with an address.

SIGNATURE: *James V. Lau* James V. Lau 1-11-95 (813) 229-2121